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AND

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STATISTICS FROM AN AMERICAN HOSPITAL FAVORABLY QUOTED BY A NOTED ENGLISH SURGEON.—R. Brudenell Carter in his eminently practical lectures on cataract before the Medical Society of London, after criticising somewhat generally, but severely, statistics on cataract operations, thus speaks of the reports from the New York Ophthalmic Institute:

"Among recent statistics which strike me as being reasonable and trustworthy, although in some respects very incomplete, I may mention those furnished by the annual reports of the New York Ophthalmic Institute. Taking the last two years these reports show a total of 144 operations by Von Graefe's method for the extraction of senile cataract. The results are stated to have been "good" in 128 cases, or 88.9 per cent; "moderate" in 12 cases, or 8.4 per cent.; and "failure" in 4 cases, or 2.77 per cent. The value of the figures is much diminished by the absence of any statement of the precise quality of the vision, which is described as "good" or "moderate" respectively. It is safe to assume, however, that out of 144 eyes 140 were left in an improved condition by the operation; and that in only four was the sight irretrievably lost."

THE EXCRETION OF THE SALTS OF LEAD.—Professor DuMoulin lately presented to the Academy of Medicine of Brussels, according to the Revue Médicale, demonstrations of the excretion of the salts of lead by the integument. The plan that he adopted for demonstration consisted in tracing on the different parts of the body with a 5 per cent solution of the monosulphide of sodium or ammonium. The presence of the salt of lead was of course determined bythe precipitate of the sulphide of lead, which developed its characteristic black mark. It is needless to say that the possibility of the reaction being due to a deposit of lead from the atmospheric dust was excluded. Washing the body in cold or hot water did not remove the salt of lead and hence the professor concludes that the deposit consists of a salt insoluble in water. When, however, he used a solution of the tartrate of ammonium the salt of lead was washed off and the resulting water gave the reaction for lead, whilst the tracings on the body failed until the expiration of several days to develop the black mark of the sulphide of lead. The question promises to be of considerable importance in a therapeutic sense, as under the circumstances baths of a solution of tartrate of ammonium would be indicated. The strength of the solution of the tartrate of ammonium is not given.

The conclusions which the professor presents are as follows:

1. The fourteen patients affected with lead poisoning which I have examined have all exhibited the presence of lead in the integument in sufficient quantity to give the characteristic reaction with the monosulphide of sodium.

2. In recent cases the reaction is much more marked than in chronic cases.

3. Washing with cold water removes only the lead salt entangled in the epidermis, which is rubbed off; the water when filtered gives no reaction for lead.

4. Washing with warm water gives no different result.

5. Prolonged washing with a solution of tartrate of ammonium removes from the skin the property of turning black on the application of sulphide of ammonium.

6. The solution of the tartrate of ammonium used for the washing contains in solution

the salt of lead,which was insoluble in simple water.

7. The lead is precipitated from the solution by the sulphide of ammonium or the monosulphide of sodium as a sulphide of lead.

8. The surface washed no longer gives any reaction with the sulphide of sodium, consequently the whole of the lead salt is removed from the external surface of the integument.

9. The reaction with the sulphide of sodium is again developed after a few days.

10. The gradual increase of the lead salt on the external part of the skin is shown by the gradual increased action of the reagent.

11. The lead salt is deposited in the integument by means of the cutaneous excretion, but how an insoluble salt is thus deposited does not yet appear clear.

Constituents of Bile in the Blood and Ptomaines in the Dejections of Cholera Patients.—The uncertainty which still pertains to the etiology of cholera will procure a respectful hearing from any one who has any ideas to communicate that offer any possible solution of the difficult problem. M. G. Pouchet (Revue Médicale),in following up the statement made by Messrs. Nicati and Reitsch that the alimentary canal of patients dying from cholera was found destitute of bile, claims to have found in four patients dying from cholera a considerable quantity of biliary salts in the heart and large blood vessels. The blood is said to have been always found to give a neutral reaction or faintly alkaline.

Moreover the urine of such as recovered, as soon as reaction set in, revealed considerable quantities of biliary constituents. He has also noted that in the four cases he examined the gall-bladder was distended with a gelatinous substance of a faint green color and containing a large quantity of albuminoid substance.

The dejections were of an alkaline reaction and when treated with chloroform they yielded an oily substance of a very toxic nature. This substance he claims is certainly a ptomaine. A small quantity of it injected subcutaneously into a frog quickly kills it. The injection slows the heart's action and after death a marked general rigidity exists.

Operative Treatment of Malignant Affections of the Rectum.—Before the late International Medical Congress (Brit. Med. Jour., Med. and Surg. Reporter), Prof. Esmarch (Kiel) read a paper on this subject, in which he laid down the following propositions:

1. In the treatment of cancer of the rectum the same principles hold good as in the treatment of cancer of other parts of the body.

2. Extirpation should be as early and as complete as possible.

3. The more the surrounding healthy parts are removed with the diseased, the greater reason is there for hoping that recurrence will not take place at all, or will be long delayed.

4. Experience teaches that early and thorough extirpation may be followed by permanent recovery.

5. As in cancer of the rectum the lymphatic glands are secondarily affected at a comparatively late period, operation may be followed by permanent success when the disease has lasted some time and has become extensive. (Czerny observed recoveries which lasted about four years, although the cancer had been present three or four years.)

6. The prognosis in regard to return of the disease is good in proportion to the slow development of the new growth, the delay in the appearance of distressing symptoms, and the completeness of the operation.

7. The simple cylinder-celled cancers (destructive adenoma and adeno-carcinoma), which proceed from the more superficial layers of the mucous membrane, generally give a better prognosis than the forms with small alveoli and the gelatinous forms, which more rapidly enter the deep submucous layers. The greater the disposition to gelatinous degeneration of the cancer, the more malignant, usually, is its course.

8. Extirpation of a cancerous nodule from the wall of the rectum is sufficient only when the nodule is well circumscribed and movable, and when only a part of the wall of the rectum or of the anus is implicated.

9. In all other cases amputation of the rectum beyond the points of the growth is indicated.

10. The entire rectum, as far as the sigmoid flexure, may be removed with good result.

11. The principal dangers of the operation are: a, hemorrhage; b, acute, purulent and ichorous inflammation of the connective tissue (septic lymphangitis, retroperitonitis and peritonitis).

12. These dangers are to be combated: a, by very careful hemostasis during the operation; b, by very careful primary disinfection, and provision for the free escape of the secretions of the wound (by drainage and the avoidance of cavities).

13. In amputation of the rectum high up, opening of the peritoneal cavity is unavoidable; but peritonitis does not generally follow, if the opening be at once closed by suture under strict antiseptic precautions. Drainage of the peritoneal cavity is indicated only in exceptional cases (for instance where considerable soiling of the peritoneum, during the operation, cannot be avoided).

14. The progress of operative skill has essentially diminished the dangers of the operation, the death-rate having fallen from 50 to 20 per cent., and even lower; and it is to be expected, with confidenee, thatthis proportion will become more favorable, as in ovariotomy, hysterotomy, etc.

15. The functional disturbance following amputation of the rectum is slight in comparison with the distress caused by the cancer. Incontinence of fæces is not complete, especially when the external sphincter has not been removed. Systematic cleanliness, and the use of a suitable apparatus for closure commonly relieve the difficulty.

16. Resection of a portion of the intestinal tube in its whole circumference, followed by suture of the two ends of the intestine, is not to be recommended, since the lower portion of intestine generally sloughs. It is better to remove the mucous membrane of the lower end, preserving the external sphincter muscle, and to fasten the upper end of the amputated rectum by a few sutures to the lower edge of the wound.

17. Extirpation of cancer of the rectum is, in all cases, rendered easier by dividing the posterior wall of the gut as far as the coccyx. Removal of the coccyx is generally unnecessary.

Prof. Verneuil (Paris) had done his first colotomy thirty years ago. He at once found that removal of the disease was impossible. The patients objected or refused in many cases to allow the performance of colotomy. He then found that division of the cancerous stricture removed all complications, and gave all the other advantages of colotomy. The whole length of the stricture must be split. The incision was made from the tip of the coccyx by a thermal cautery plunged in to meet the tip of the finger hooked above the stricture. Through this channel, by a canula if necessary, an écraseur-chain was passed, and the rest of the division was completed. No blood was ever lost, and the symptoms at once ceased. No deaths followed.

Professor Trélat (Paris) denied the advantage claimed for the rectal extirpation, and pointed out the rapidity and malignity of recurrence. He quoted one case which, he said, was the type of many, where the removal of the cancer early, and when extremely small, was followed by a speedy and malignant recurrence. In one case he found, though the operation was normal and extraperitoneal, that he had the small intestine in the artificial anus, and the patient died. He laid stress upon the color of the intestine as the only point of recognition that did not deceive, being white or grayish-white.

Mr. Sampson Gamgee (Manchester) preferred the operation of inguinal colotomy, while admitting that other operations had their indications, and that no one could prevail to the exclusion of others.

Mr. Marshall (London) mentioned some

cases where sinuses had been kept open in the peritoneum by tangle-tents.

Professor Volkmann (Halle) observed that colotomy, even in Mr. Bryant's hands, was a very dangerous operation; and that the statistics of extirpation were better than those of colotomy, according to Bryant. Cancers, he said, varied in rapidity and malignity according to their locality; and in the rectum they had little tendency to infiltrate early and recur soon. Even in desperate cases he had no return under long periods; in one case not for ten years. The results of excision of the rectum had improved, and would go on doing so with improved methods. Asepsis and disinfection were normally powerful when the peritoneum was not opened; but, when this was opened, the dangers were great and cleansing difficult. But, dangerous as extirpation was, it was not so bad as colotomy; and recurrences were painless and not troublesome. The comfort of patients was also infinitely greater than it was after colotomy, discomfort being hardly felt, save in diarrhœa. The selection of the cases, he went on to say, was also important; and he did not operate in any case where he could not reach the upper end of the disease by bimanual exploration under anæsthesia. The incision should be both forward and back to the coccyx, the anus alone being left; and no attempt should be made to unite the upper with the lower end, which should be stitched well down, and the cavities at the sides well drained.

Prof. Kuester (Berlin) said that in extirpation he always applied sutures when the peritoneum had been opened. Cauterization was a proceeding from which good results were got in most of the cases where a pemanent cure could not be expected. He would select either this or extirpation; very seldom colotomy.

Parenchymatous Injections of Turpentine in Malignant Growths.—The Maryland Med. Jour. quotes the Centralblatt f. Chirurgie as follows:

From a series of injections of turpentine into the interior of malignant growths in order to influence their development, Dr. Vogt reports (Communications from the Chirurgical Clinic in Greifswald) as follows: The first case was a return after extirpation of a carcinomatous breast, which showed itself as a rapidly-growing tumor pressing forward from the anterior mediastinum. One-half of a Pravaz syringeful of a solution of equal parts of alcohol and oil of turpentine was injected. In a few hours there was a severe pain, fever, and erysipelatous redness of the breast. After forty-eight hours the temperature declined, but the general malaise lasted several days longer; the tumor had become visibly contracted. In ten days a second injection was made, with the same effect at first, but afterwards an abscess formed. Two more injections were made during the next few weeks. In the course of two months a gradual shrinkage of the tumor took place, which then remained as a decidedly hard tumor without any abnormal heat. The patient was then discharged.

The second case was one of multiple sarcoma, which was treated in the same way, with the same results, including the abscess. In the course of five weeks, after repeated injections, the tumor had almost disappeared.

Cause of Death in the New-Born.—The following on the above subject should induce the physician to consider thoughtfully the special advantages which are claimed for the warm bath in preference to the manipulative efforts at developing respiration in new-born children. We extract the article from the British Medical:

"Dr. Nobiling, of Munich, whose labors in forensic medical research have earned him the reputation of a high authority in Bavaria, has recently published in the Aerztliches Intelligenzblatt a series of contributions on the pathological appearances observed in the bodies of children that have died from asphyxia shortly after birth. He has examined a large series of bodies, and has arrived at the conclusion that the asphyxia often attributed to overlaying, and even to obscure pul-

monary disease, is too often due to foul play. He is particularly suspicious of extravasations of blood, and sums up his conclusions on that subject. Extensive subcutaneous extravasations could always be traced by Dr. Nobiling to external violence, including such as might be received in protracted and instrumental labor, and attempts to restore animation. Effusions of blood in the muscles of the neck and along the course of the great vessels are always caused by forcible strangulation. Hemorrhages under the capsule of the liver or in its substance are invariably the result of external pressure, and so are lacerations of the peritoneum, liver, spleen, and kidneys. These injuries are by no means rare results of violent attempts to promote respiration, and Dr. Nobiling has traced them also to rough and clumsy handling of a new-born infant by male relatives or incompetent nurses. Hemorrhage in the tissues of the umbilical cord are very rarely caused by the mechanical forces of labor, or even by artificial replacement of the prolapsed cord; they generally result from firm manual pressure on the cord, or from intentional laceration. Circumscribed collections of blood under the scalp or integuments may be either due to mechanical labor or to many other kinds of external violence; the same applies to hemorrhages in the substance of the lips, tongue, palate and pharynx which are always traumatic. Bleeding from the external auditory meatus and extravasations behind the ear are also the results of violence, not disease. Dr. Nobiling has often found a portion of the fluid or solid material which caused the infant's death in the nasal fossæ, mouth, larynx, trachea, bronchi, pulmonary vesicles, esophagus, stomach, tympanum or eustachian tube, sometimes in only one of these anatomical structures and regions. When blood is found lying free in the same parts, it may have proceeded from the infant's nose, or have entered its mouth during parturition, being of maternal origin. The principal lesson to be learnt from the researches of Dr. Nobiling is that all internal and intestinal extravasations of blood in the body of an infant are to be regarded with suspicion, and to be considered as traumatic, being due to violence causing visceral injury, or complete and sudden asphyxia.

Fordyce Barker Exonerated.—Some of the members of the New York Academy of Medicine according to the New York Medical Journal brought a serious charge against Dr. Fordyce Barker, its President. They must have felt very small however when the committee appointed to investigate the changes unanimously reported, giving the evidence in full, that the charges were not sustained. The charge was that he was not a graduate of the Paris school of medicine. It does seem as though the members of the Academy could find something better to do, or when they set about making a charge, to have some sort of foundation for doing it, before they attempt to malign a gentleman of Dr. Fordyce Barker's stamp.

The Case of Cholecystotomy at the Presbyterian Hospital, Chicago.—We are glad to say that the case of cholecystotomy which we referred to last week is progressing without an unfavorable symptom. Whilst we then stated that no gall stones were found at the time of the operation, since then several of varions size have been found in and removed from the cystic duct. The case promises to be entirely satisfactory.

Points Relative to the Administration of Anesthetics.—It not unfrequently happens that the administration of an anesthetic is entrusted to persons of little or no experience, as though the duty was of very secondary importance. Among the English however, especially in London, the responsibility is duly appreciated. There the administration is practically elevated to the position of a specialty. Mr. Woodhouse Braine of London, Lecturer on Anesthetics to Charring Cross Hospital, has lately delivered a lecture on the subject before the Medical Society of London in which he puts in relief several points which are not always carefully enough observed. We would fain avail ourselves of

Mr. B's own summary, but that it is so very incomplete. Before endeavoring to embrace the several topics with greater clearness, we refer to one statement made by the lecturer relative to what is said to have been stated by some American Surgeons, namely: "In America chloroform is invariably given to patients who are the subjects of albuminuria, several deaths having occurred suddenly the day after the operation, when ether had been given." If such is the custom here in theWest we certainly are not aware of it, nor do we think it is by any means the case East, if we may judge from what we read in the Journals. Mr. B. himself has never seen any evil from ether administered under such circumstances.

One interesting feature developed by the lecture, to which we can bear personal testimony, is the remarkable facility which many patients have of hearing conversation especially when it has reference to themselves, when apparently under the influence of an anesthetic. He refers to this question when speaking of the use of nitrous oxide, but we have noticed it on many occasions with ether and in one case especially with bromide of ethyl. The important lesson which he teaches from this fact is never to talk of matters, even in a whisper, which may disturb the equanimity of the patient, supposing it is heard.

The preferable time for the administration is early in the morning, the stomach is empty without feeling the annoyance of abstinence, the nervous system is in the best condition.

The best position, when it can be chosen, is to lie on the side with one arm under the pillow and the head inclined a little forward so that the saliva may flow out of the mouth. Never ask the patient about the presence of false teeth but examine the mouth and see for yourself. It is then possible to ascertain the condition of the uvula and assure yourself there is no tobacco in the mouth. False teeth must of course be removed, but when there is a complete upper and lower set Mr. B. prefers to allow them to remain in, especially if they are hinged together.

In administering ether to young children the face should be anointed with a little vaseline. During the earlier period of administering the ether, the patient should be encouraged to keep his eyes open. When coming out of the anesthetic keep them closed; the tendency to sickness is diminished.

After recovery from the anesthesia giv nothing to eat for three hours and then not unless asked for. For the relief of sickness a little weak green tea, no milk, is the best.

Any anesthetic which tends to weaken the hearts action should be avoided. For short operations he prefers nitrous oxide. He also prefers it as an introduction to the administration of ether. Where hemorrhage is to be feared,chloroform may be preferable to ether, only there seems to be greater danger of after-hemorrhage, which may be still more disastrous.

Nasal tubes for the administration of ether are of no use. Nitrite of amyl is the best cardiac stimulant.

The anesthetisers bag should contain: A pair of tongue forceps, a Fergusson's gag, a scalpel, forceps and a tracheotomy tube.

He uses the Ormsby's Inhaler and justly advises that the person undertaking the administration of an anesthetic should personally examine the patient, so that in case of accident he may answer intelligently any question which justice might require him to answer.

Official Register of Physicians and Midwives in the State of Illinois.—The third edition of the above Register is just published and illustrates the steady work of the State Board of Health. The Register shows that during the last four years, which have elapsed since the last edition, that there has been a slight reduction of the number of physicians in the state notwithstanding the increase of population. The actual number now in Illinois in practice is given as 5,885, whereas in 1880 it was 5,979. Of the various graduating institutions represented there are in all 198. In the United States 138, Canada 10, Great Britain 14, Continental Eu-

rope 34, Africa 1, and South America 1. The Secretary invites all interested in the accuracy of details to facilitate corrections by directing his attention to the same.

Treatment of Orchitis and Epididymitis.—In the management of these painful and distressing troubles we have invariably had good and satisfactory results by a combined mechanical and medical treatment. In lieu of strapping the swollen gland with strips of adhesive plaster, according to Fricke, a rubber bandage about two and a half to three inches wide and a little over three feet long has been found exceedingly convenient. The pressure can be nicely regulated and easily modified. The adhesive plaster straps, however, are always difficult of removal and give pain often by cutting into the scrotum when dry. The straps of plaster adhesive by warmth alone, such as rubber-plaster, etc., have always failed to hold the testicle firmly and snugly. The rubber bandage on the other hand retains the testicle nicely and exerts a constant pressure, adapting itself to the changes in size that may ensue. The end of the rubber bandage can be fastened to a belt or bandage pinned about the waist. Thus the two important desiderata of elevation and compression of the testicle are secured. The application of the bandage requires some deftness, but can be easily learned. Before the bandage is applied, the swollen organ should be painted with a thick coat of iodoform-collodium. The bandage may be removed and the iodoform-collodium applied every day. The formula for the application is: Iodoform ℈j, collodii, ℥ ssj; ol. foenic, gtt. v. In addition, it is advisable to give salicylate of soda in doses of ten to fifteen grains every two to three hours. Patients will be found to do well under this mode of procedure.

We learn that Dr. H. M. Lawson reports (Southern Medical Review) good results from the following procedure in the treatment of inflammation of the testicle:

"Take a piece of cheap, thin home-spun, about three and a half inches long and three-fourths of an inch wide; double it the long way and sew the edges together; then fill with cotton, not too tightly; sew a button on one end and make a button-hole in the other; this, when buttoned, will form a ring. All that is necessary in addition to this is a piece of the same kind of home-spun four inches square. Apply as follows: Put the centre of the square piece of cloth to the centre of the swollen testicle below, bring the edges and corners up around, completely inclosing it, then button the ring around above the testicle, which will hold it in position. Now draw upon the edges and corners of the square piece of all around until sufficient compression is made. The sound testicle is to be left above the ring.

If too much compression is made, it is easily removed by drawing the cloth in the opposite direction; it is easily increased or diminished at will. Its other advantages will be apparent on using it. Easily obtained, applied and adjusted, I feel sure that no one who tries this method will afterwards use any other."

The editor of the American Medical Digest writes as follows, regarding his experience with pulsatilla.

"A gentleman suffering from a slight stricture and a gleety discharge, was attacked with epididymitis and orchitis. His social condition made it a delicate matter for him to consult his family physician, and he allowed himself to be treated by a friend who had been "through the mill," and who prided himself on his ability to "fix these things better than any doctor." Rest in bed and the application of an infusion of golden seal, the treatment administered, did not, however, check the inflammation, and we were consulted. The testicle was immensely swollen, the scrotum being tense and shining from its pressure. Here was an opportunity to test the claims recently made for pulsatilla in small doses in this affection, and we ordered two drops of the tincture to be taken in a little water every two hours. The effect was apparently magical, the scrotum becoming wrinkled and the pain and tenderness subsid-

ing so soon after the third dose that we were skeptical as to the effects of the medicine, being inclined to regard the subsidence of the inflammation as a co-incidence occurring in the course of the natural history of the affection. An opportunity soon offered, however, to verify the action of the pulsatilla. After the patient had fully recovered and had been attending to his business for a week, the gleety discharge still continuing, the other testicle was attacked, and when we saw the case the inflammation was well developed. Two drops of tincture of pulsatilla were ordered as before, the scrotum placed in a suspensory bandage and the patient instructed to continue his business. The course of the inflammation was promptly checked, the pain subsided and recovery was complete in two days."

Action of Different Antiseptics.—Miquel. (Bied. Centr.)

The following table shows the amount of the compound which was required to preserve 1000 c. c. of beef tea:

	GRMS.
Mercurious iodide,	0.025
Silver iodide,	0.03
Hydrogen peroxide,	0.05
Mercuric chloride,	0.07
Silver Nitrate,	0.08
Osmic Acid,	0.15
Chromic acid,	0.20
Iodine,	0.25
Chlorine, (gaseous)	0.25
Hydrocyanic acid,	0.40
Bromine,	0.60
Chloroform,	0.80
Copper sulphate,	0.90
Salicylic acid,	1.00
Benzoic acid,	1.10
Potas. chromate,	1.30
Picric acid,	1.30
Lead chloride,	2.10
Mineral acids,	2.00-3.00
Essence bitter almonds,	3.20
Phenol,	3.20
Potas. permanganate,	3.50
Aniline,	4.00
Alum,	4.50
Tannin,	4.80
Arsenious acid	6.00
Boracic acid,	7:50
Chloral hydrate,	9.00
Ferrous sulphate.	11.00
Amyl alcohol,	14.00
Ethyl sulphide,	22.00
Borax,	70.00
Ethyl alcohol,	95.00
Potas. thiocyanate,	120.00
Potas. iodide,	140.00
Potas. cyanide,	185.00
Sodium thiosulphate,	275.00

Memorial to the late Professor Cohnheim.—The friends and admirers of Professor Cohnheim propose to erect a monument to his memory. The enthusiasm which the late professor was wont to infuse into his students still lives and this act will demonstrate it. The subscriptions in England are to be sent to Professor Roy, New Museums, Cambridge, England. We are not aware that any one is appointed in America. And yet America certainly boasts of some ardent admirers of Cohnheim.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, December 20, 1884.

Epithelioma of Tongue and Larynx.

Dr. Mulhall.—I have a specimen of epitheliomatous ulcer of the base of the tongue and adjacent parts of the larynx. The patient, the subject of this disease,came to me at the St. Louis Medical College Dispensary in the latter part of October, complaining of pain and difficulty in swallowing; these were his only troubles. On examination I discovered that the glosso-epiglottic sinuses were occupied by a growth which was very hard, indurated and on a level almost with the top of the left aryteno-epiglottic ligament,which was also infiltrated. He had under the angle of his left lower jaw enlarged and hard glands. The fact of his having these enlarged glands, and also a little trouble of the larynx, led me to believe that the original source of the difficulty must be the tongue and not the larynx; because cancer of the larynx involves the glands of the neck at a very late period. The connection between the lymphatics of the larynx and the glands of the neck is not very inti-

mate. He complained of a great deal of difficulty in swallowing, and in fact difficulty in breathing also, at one time. Especially on one occasion, when he was at the Dispensary he was taken with one of these paroxysms, so that tracheotomy was advised; Dr. Mudd who saw the case pronounced it also a case for tracheotomy and not for any other mode of procedure. With his assistance and that of Dr. Harry Hodgen I opened the windpipe. About two days after he experienced great relief to his breathing, and had no trouble after the operation; his oral breathing became very much better before his death, which is explained by the appearances presented in this pathological specimen. The infiltration at the base of the tongue had ulcerated by the pressure of the epiglottis pushing over the larynx; this pressure being thereby taken away, the breathing became freer. The specimen here shows that the lower portion of the epiglottis, where it is in conjunction with the base of the tongue, is also entirely gone, so that only the upper portion of the epiglottis remains attached by ligaments to the larynx; the whole lower portion is gone. He had suppuration of one of the glands of the neck, some of which I have brought here to exhibit. He had all the characteristic symptoms of cancer of the larynx and base of the tongue, which were hemorrhage, ulceration, induration and infiltration of the glands adjacent. He died of marasmus two months after the operation. The operation was performed in the latter part of October; he died on the 16th of this month. I opened the trachea, I now think, a little too high up, in consequence of which the tracheal canula, being pressed against the cricoid cartilage is liable to produce necrosis. I think there is a traumatic necrosis in this case from the pressure of the canula.

Dr. Dean.—I would like to ask the doctor if the patient was able to swallow. I suppose he was fed through a tube.

Dr. Mulhall.—He was not able to swallow except a teaspoonful at a time; the act of swallowing, however, did not make him cough. I think it would be interesting for Dr. Bremer to say whether it is possible to tell by looking at the naked appearance whether the ulcer is tubercular or cancerous?

Dr. Bremer.—I believe, in this case, it is not possible, although I am inclined to believe that it is an epithelioma. I think Dr. Mulhall is correct in his diagnosis. But as a rule, whenever an epithelioma breaks out there is a very abundant proliferation of the epithelial tissue in the neighborhood; and that is absent here. It seems as if almost all the cancerous tissue had ulcerated off, so that there is only a very little induration left. There is a bare possibility that this is a tuberculosis, but I shall examine a neighboring gland that I have taken from the specimen and ascertain if it is epithelial in structure; if so, that would establish the diagnosis of epithelioma at once; if it is not, then we must look for the tubercular bacillus, and if found that would of course establish the diagnosis of tuberculosis. I shall report, if possible, at the next meeting the result of this examination.

Dr. Mulhall.—Clinically speaking, I believe there is no case on record of tuberculosis of the mouth without implication of the lungs. It is true I did not examine the lungs after death, but I did frequently before and found nothing that would make me suspect they were in any way involved, and I think that the very size of the ulceration is suggestive of its being epitheliomatous. Then again, I believe, although I am not sure, that a tubercular ulcer never has a hardened and everted edge as this post-mortem specimen has. I believe tuberculous ulcers have soft edges, therefore I would think even from the rough appearance of the specimen, that it is epitheliomatous.

Dr. Dean.—I think the clinical history is that of epithelioma, although it is somewhat strange there is no greater epitheliomatous proliferation than there is. It is strange that it does not extend to the arch of the soft palate, and that if tuberculous it is not found in the lungs, larynx or trachea.

Dr. Pollack.—How would you account for the patient not coughing after swallowing?

Dr. Mulhall.—I don't know how to account for it, except that in the effort at deglutition he was still able to elevate the base of the tongue sufficiently to prevent the passage of material into the air-tube. When the epiglottis is lost the base of the tongue is sufficient to cover the larynx, and I imagine there was still enough muscular power in the tongue to draw it over the larynx; and perhaps the larynx contracted enough to keep the fluids out.

Dr. Dean.—Then again, if there was acquired sufficient tolerance of the pus that was flowing about the larynx and the ragged parts connected with it, it is probable that it would bear the passage of the soft, bland food that was given; and in this way it was given; and the sensation at the base of the tongue was obtunded.

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THERAPEUTIC EFFECTS.

DR. MULHALL.—I would like to propose a subject for discussion, that is the subject of doses in the administration of medicines—in other words therapeutics. I remember while in a surgeon's library in London, reading in an old book that medicines given in large doses had a certain effect, but when given in small doses they produced the opposite effect. For instance, the effect of opium in large doses is to constipate the bowels, but in small doses, such as 1-30 of a grain, the effect was to assist the peristaltic action of the bowel; also castor oil given in an ounce dose will have the effect of purging; but there are many cases of diarrhea dependent upon retained excrement, which are cured by a five drop dose of castor oil. And so with digitalis, aconite, acetate of lead and many other agents; they have the same peculiarity in their effects. I only mention this in order to obtain the practical experience of those who have given this subject their attention by prescribing the remedies in the manner indicated. I would like to know whether any one has observed that remedies given in large doses really have the opposite effects from those given in small doses. I don't mean homeopathic doses of course.

DR. ATWOOD.—It is a notable fact, as the doctor has stated, that many medicines, which in large doses produce one effect, in small doses produce an opposite one. It is well understood in regard to ipecac that large doses have the effect of producing vomiting, whereas small doses will quiet vomiting. Dr. Dean the other evening made reference to the administration of tinctures and decoctions, and remarked that they are rapidly under his observation becoming obsolete; but that the alkaloids of various vegetables are coming into use, not administered in exceedingly large doses; but in small doses frequently repeated, and stated that very desirable effects were produced. That has been the result of my observation; and recently a line of alkaloids has been introduced, put up very beautifully in a very convenient shape for one to prescribe or even carry with him, and they have a most powerful effect. I had an experience sometime ago that may be worth relating. I was called to see a young woman who had taken an over-dose of morphine; she refused to have anything done; she refused to remove her clothing; she refused to allow the slightest attention. Her reason for so refusing was that she was determined to die. Having seen me administer opium hypodermically to her sister she consented that I should give her hypodermically an injection of opium, thinking that I would thereby increase her chances for death as she was determined to die. As she would not remove a jersey which she wore, I made a solution of two pellets of morphia, making 1-5 of a grain, and injected it above the wrist on the back of the forearm. I had not cleaned the instrument and placed it in the box before emesis occurred. She threw up everything her stomach contained and I then also found the pupils contracted; and that, together with a hypodermic injection of 1-30 of a grain of atropine, was all the medication that was necessary. She made a good recovery.

DR. DEAN.—I am quite a strong advocate of the administration of of the alkaloids and other remedies in small doses oft repeated, as I indicated the other evening. I think we procure effects that are much better than when we give the conventional teaspoonful dose three times a day with few directions as to symptoms. I think, as the doctor stated, that these medicines will be very valuable to those who are willing to prescribe them. I have used them in my private practice more than in the hospital; for the reason that although for two or three years I have advised the use of small doses repeated according to effects, it is a great deal of work and worry and indeed almost impossible to train young men, or old men for that matter, or for old men to train themselves, to their use, so long as we keep to the tinctures, extracts, decoctions, etc., furnished in astonishing and perplexing superabundance. I think we can get a physiological action somewhat as we do from the use of iron or other salts when taken in water by patients who go to medicinal springs for help. But it is absurd to attempt to found a system of medicine upon this administration of small doses; it does not constitute any system however valuable a feature it may be to take into scientific medicine, always of course according to the indications. If we give these simple preparations of known manufacture, we know what we are giving, whereas if we prescribe decoctions, extracts and tinctures, etc., unless we know the druggist from whom the medicine is purchased, we cannot be sure what the medicine will be. I have repeatedly had patients call my attention to medicines and say, "I don't like this medicine. It is not like that I got before," although it was procured upon the same prescription, but procured at a different store. Then another point. I have been for many years in favor of, and have used the metric system of doses, for the reason that it is vastly more simple; it is so easy to reckon and diminish your doses.

Its alleged complexity is a great bugbear, for it is very simple; and, certainly medicines put up in milligrammes, centigrammes and grammes possess great advantage; the pellets or granules can be given every fifteen minutes or as frequently as necessary, there is no trouble in increasing the dose or diminishing it. They can be carried or kept by the physician in small compass and he will have them in case of an emergency when he does not want to go to the drug store or when it is difficult to procure them in haste, or they can be prescribed and furnished without all the delay of weighing, compounding and the like.

Dr. Newland.—I perfectly agree with the former speaker,but it seems to me he has overlooked one thing about the alkaloids. There is no doubt of the value of these medicines, that they act in a very short time, some in a few minutes, some in a few hours. But the fact to which I wish to call attention, which I think has been overlooked, is, the doctor has supposed that all nurses are intelligent and will observe closely the directions. I think these remedies can be used very well in hospital practice, but in private practice they will do only in rare exceptions. I have been in the habit of prescribing in different fevers the fluid extract of veratrum viride; this is given in doses of one drop, two drops, three or four drops, increasing the dose one drop at a time. I have succeeded with this remedy in cases where I couldn't stop the fever with quinine or anything else; but I had to remain with my patient and give the medicine myself. With rare exceptions, unless I had a very intelligent nurse to administer the medicine, I would not trust them because they might poison the patient in their over-interest. I think these medicines can be used to advantage in hospital practice where you have intelligent nurses; but for general practice I think the fluid extracts in teaspoonful doses every two or three hours are probably the most convenient.

Dr. Dean.—I would like to ask the doctor what is the difference between giving one milligramme in three doses and giving a teaspoonful dose of one milligramme; whether it is not as safe to give successively four or five doses of a small quantity of the medicine as it is to give one large dose.

Dr. Atwood.—With reference to the tincture of veratrum viride,I think I have had quite as extensive an experience as Dr.Newland, and I have left it very frequently with those who osed to be very ignorant. I have given it with the directions to increase the dose from one drop to two drops and so on until the pulse fell; or if there were symptoms of prostration, then to give a little whisky, which we will find in almost every house, and my experience has always been that the remedy has been administered as directed.

Dr. Scott.—The question which Dr. Dean asked Dr. Newland he can find most admirably answered in the last number of the New York Medical Record, in a speech made by Dr. Austin Flint upon this subject of alkaloids, in which he condemns them uncompromisingly; and he gives his reason for it in the discussion which took place in the New York Medical Association. There is no higher authority in this country than Austin Flint upon practical medicine.

Dr. Dean.—There are medicines for instance like corrosive sublimate, etc., that are given as tonics in certain diseases in small doses. I don't think corrosive sublimate is a tonic except indirectly in certain cases. In syphilitic diseases it increases the red corpuscles indirectly; it antidotes or destroys the syphilitic virus that destroys the red corpuscles, and gives them a new opportunity to develop and accumulate; I don't think it increases them in a healthy man; I don't think it is a tonic in a healthy man, and every one knows that it is not a tonic in large doses. And the same thing in reference to the different actions of ipecac where it can be given for different purposes, in small or large doses; and so there are many things, such as the use of hot and cold water for stopping hemorrhage, either of which will do it for a certain length of time, but on somewhat different principles. I have not seen Dr. Flint's remarks, but I have seen a great deal of discussion on the other side. I know that there are objections to the exclusive or indiscriminate use of alkaloids. There are different active principles, as in opium, some of which are incompatible physiologically or medicinally; you may give one alkaloid and not give another in certain conditions, but the most valuable results can be obtained by exercising due discrimination. It is generally considered preferable to give the tincture of opium in peritonitis and not the sulphate of morphine. We may, for the purpose of relieving pain immediately, first give the sulphate hypodermatically and after that give the tincture of opium. I am inclined to oppose the giving hypodermatic injections of these medicines except when strongly indicated, e. g., when one must save time or medicine cannot be kept on the stomach or something of that kind. I think the habit is too easily acquired to justify us in using these remedies without great thought and care. It

is one thing to understand the pathology and etiology of disease, and it is quite another thing to understand how to prescribe for it. My experience is that druggists who turn doctors are too frequently poor doctors, for various reasons. And my experience is that doctors in a great many cases prescribe compounds very poorly; that is, a great many of the combinations they prescribe are very bad. I include myself with physicians. Choosing from these simple alkaloids, active principles and pure chemicals, the physician of ten medicines will enlarge his list and the physician who tries to use the whole pharmacopeia will use the principle he wants, and not everything by turns that happens to contain that principle.

Dr. Hurt.—Really I am almost tempted to accuse my friend Dr. Dean of yielding to a disposition to scold a little this evening, though he has suggested some points which are very important. I do not think, however, that the idea of the effects of medicines being different according to the magnitude of the dose is at all new; I think I have known and acted upon this fact since my early experience in the practice of medicine. We all know that small doses, not exceeding two or three grains, of the sulphate of iron, and less than that even, act as an astringent; and that a teaspoonful or two taken at once acts not only as a cathartic,but an emeto-cathartic, and so also does alum. Alum is oneof our most potent and least irritating of all mineral astringents; and vomiting in a child can be produced with alum with less risk, perhaps, of doing injury than with almost any other agent. A small dose of opium is one of the most potent and agreeable of all stimulants; and if a small dose of opium will act as a laxative it does so by its stimulating action upon the nervous system in increasing tone, and thereby promoting peristaltic movement of the bowels. We are not obliged to give up the use of tinctures and fluid extracts and the larger doses of medicines; tinctures and extracts afford us a means of subdivision that it is impossible to obtain if we use alkaloids. I don't know that our pharmaceutists are benefiting us a great deal. Every practitioner knows that they are endeavoring to benefit themselves, and incidentally the public and the medical profession generally, by calling their attention to their pharmaceutical preparations, and by their manifestos the attempt is made to give the impression that they know all about the physiological properties of the various compounds. I have sometimes had occasion to doubt the imputed efficacy of some of these preparations. For instance, the other day my attention was called by an agent to the fact that it was an elegant combination of codliver oil with pepsin. Now, that may be a very good preparation; but my conception of the office of pepsin is to digest albuminoid or nitrogenous compounds; and if we wanted a digestive agent for an oil or for any oleaginous principle taken from the various digestive fluids of the animal creation, we would in preference select pancreatine. Physiology teaches us that the most of the oils and fats are digested beyond the stomach; indeed, not digested in the stomach at all, and that pepsin has no action whatever upon them; this can be corroborated by the test tube by any one. All must live and learn as long as we live and study about the action of medicines; and the older a man becomes the more he is convinced that the great demoralizing influence in the province of the administration of medicines of the present day is the great variety of medicines that are accumulating upon us; and knowing the difference in the physiological and medicinal action of a drug in doses different in size, I think a discriminating physician can accomplish as much as is possible within the province of medicine, with a few well selected drugs, perhaps more than he can who incorporates into his armamentarium all the various drugs that are being used or capable of being used. If a man sets out in early life selecting a few remedies and cultivates a knowledge of their properties, and what can be accomplished by them,and what he should expect from them in differing doses, he will find that he has at the end of life, enjoyed a successful practice and perhaps been more successful than the man who has undertaken to improve his practice by increasing the number of his remedies. I read an article once (I think the author of it was the learned Disraeli, father of the late Premier), on the subject of the man of one book; and I found that, according to him, some of the greatest men of whom history gives us any account had one book, either in science in general or in history; and that particular book was to them authority on that subject. The man of one book generally knows his text, and the physician who uses one remedy all his life, if it accomplishes the end desired, can get more good out of it than the man who undertakes to use five hundred.

Dr. Scott.—The longer I practice medicine and the more extended my field, the smaller number of medicines I use. I agree with the doctor that if fewer medicines were used the better it would be. Dr.Linton used to say that that man was a good doctor who knew

"when not to give medicines;" but we may carry this thing too far. I recognize the fact that there may be two actions of the same medicine, two different results obtained; that a certain medicinal agent may produce at one time an astringent result and at another a cathartic effect according to the magnitude of the dose. I have frequently used large doses of Ipecac for the purpose of producing emesis; and I have endeavored to control nausea with small doses of the same agent, and so on with a great many other remedies. There is no established rule for dosage by which we can be governed in giving medicines; we can only give it until it produces the desired effect; that is, we are not to be governed by any dose that is laid down in the Pharmacopeia, but by the effect which it has upon individual patients. This is the rule by which I have always been governed, because we find a great many patients who have a peculiar idiosyncrasy which resists the action of certain remedies, while other patients, not having the same idiosyncrasy, may take the medicine with excellent result. I have a patient to whom I cannot give ten grains of the iodide of potash. I once gave him five grains and in twenty minutes he was thoroughly under its influence with the peculiar eruption and coryza that always attends an overdose of the remedy. Had I given him a very large dose there might have been serious results. Hence I say, that in giving our remedies, we must be governed by their effects upon the individual patient and upon the effects we desire to produce. In regard to alkaloid remedies, while I have had some good results, yet I do not think from a physiological standpoint that these remedies are to be preferred to the tinctures and decoctions; besides, I am somewhat opposed to the use of these remedies, from the fact that the originator of them is endeavoring to introduce a new system of medication based upon the method of giving the remedies. I am opposed to the profession giving any influence whatever to that class of specialists. I believe in giving the best remedieswe have; and pharmaceutists now are giving us medicines which are very reliable and the very best drugs that can be made. I believe on physiological principles that these alkaloids should not be used. I am not in the habit of using them at all. My armamentarium is a very limited one, and I believe I can attribute a good share of my success to the fact of giving very little medicine and only when it is absolutely necessary.

Dr. Dean.—I don't wish to be understood as storming against the pharmaceutists or physicians; I included myself when I spoke of physicians, but I still say that we do not use 1-50 or 1-100 part of the preparations that are at our disposal. In our last and best Pharmacopeia the number is too unwieldy; and I further say that a pharmaceutist, who graduates to-day from a first-class college of pharmacy is much better versed than the graduate of the average medical college in respect to botany, chemistry, etc. I have no doubt of that at all. As regards Dr. Scott's remarks I do not think he would avoid using any remedy simply because some quack is trying to found a system of medicine on it, if he were convinced it was a good remedy, or more efficacious than those ordinarily employed. I do not think the doctor would refuse to use it because a homeopathic physician prescribed it. I am willing to take any remedy from any source into the domain of scientific medicine, that will be of benefit. I wouldn't permit myself to be called a member of any exclusive system of medicine. When I. was asked to register myself as a "regular" physician, I did this under protest. I call myself a physician. Science is non-sectarian.

Dr. Scott.—Respecting Dr. Dean's reference to the use of remedies, I am exactly in the attitude of a very pious old lady who, being entirely out of bread, got down upon her knees and prayed, "Oh, good Lord, send me a loaf of bread." Some mischievous boy, playing at snow ball near by, hearing her ejaculation, ran off to his companions, and said, "Oh, boys, old Granny Smith is praying for bread; let us get a loaf of bread and drop it down the chimney." So they got a loaf of bread and put it down the chimney, while she was still on her knees; and without getting up she picked up the bread and returned thanks. This was more than the boys could stand, and one of them said, "It wasn't the good Lord that sent bread it was I who threw it down;" to which she rejoined, "The good Lord sent it, though the Devil did bring it." I am in just that fix. I would use anything even though a homeopath used it, provided I thought it would do good.

CONTRIBUTIONS.

THE STATUS OF MEDICINE IN SCIENCE.

BY AMOS SAWYER, M. D., HILLSBORO, ILL.

"Oh! Medicine is a humbug; the greatest fraud of the age. It is the quintessence of quackery. The human family would be better off, and live longer without it." Such

expressions are common among the laity, and somewhat modified are echoed by many professed physicians. I now propose briefly to show that these charges are false and libelous, and that, not only have we kept abreast with the times, but that our knowledge is based upon a more reliable foundation than any other branch of science, since we can in most cases prove our hypotheses to be true or false.

As there ever will be unsolved problems in nature, is it strange that the science of medicine should come in for its share? Our very salvation depends upon them. The world is made up with mysteries; we find them in the green fields, the blue sky, and the rolling earth; we cannot solve one out of a thousand, and can your conception picture a world without them? What would be the incentive to live, if, like unto Alexander, there were no more worlds to conquer? Truly, then, there would be, for want of a field for mental exercise; an intellectual and moral retrogression that would leave us but little removed from the beasts of the field; hence the omniscient wisdom of mysteries. The desire to be wiser and greater than others is what actually makes us so. It is natural; it is laudable to try and unravel the tangled ends in order to find out the right way to unfold to our vision one of nature's secrets; and when success crowns our efforts, we find that the cords are woven and wound in the same smooth, regular style which ever marks an Infinite Creator—simplicity in construction, perfection in design.

That we have changed our mode of treatment to correspond to the correct pathology of disease, that we have been, and are introducing new remedies to meet certain conditions, where the old ones have signally failed, or are not as well adapted to meet the exigencies of the case, should rather inspire confidence than the reverse, for it demonstrates, not only that we are earnest and honest workers in a cause that ranks next to the Divine, but also that we are striving to perfect a system which has the physical salvation of our fellow-men at heart, and endeavoring to prove worthy of that high honor conferred upon us by our Alma Mater,as well as that confidence which should ever exist between the physician and his patient. It also proves that, in an age when we talk with the lightning, we are not thinking in a canal-boat. It must be remembered that the regular profession of medicine, like the Christian religion, has not only survived an age when ignorance and superstition, as well as brute force, reigned supreme,but stands to-day foremost in the ranks of progress, and commands the same respect and national recognition as of yore. Look at the structure as it stands on the old foundation, in this, the nineteenth century, combining, like a shaft of granite, a strength and beauty in its architecture which should be the pride of every disciple; and so long as we continue to follow the rule that has governed us in the past—"Prove all things; hold fast to that which is good;" or, in other words, to remove any part that has proved defective, its future cannot be "pictured in words, or shadowed forth in language." True it is, that we are liable occasionally to discard a valuable block, like the one laid by the father of medicine: "That various disorders were due to the fermentation of some morbid matter in the blood," but we, of the nineteenth century, recognizing its true worth, have taken it up again, and are making a thorough examination prior to replacing it in its appropriate position. Such a rule will ever command the respect of the civilized world.

Let us now briefly review the medical field for the last century, and note some of the progress made during that time. In the practice of medicine our advancement has been such that we have succeeded in reducing the death-rate to about its minimum. In materia medica, we have made large and valuable additions to the list of remedies, and and added to the therapeutic value of the old by a more careful and correct preparation. In surgery, by the use of anesthetics we have not only lessened the mortality, but we have removed a monster which ever stood as a barrier between the patient and his rescuer. Genius or conception, has from time to time, in this branch, from the backwoods of Kentucky to the centres of learning in Europe, flashed forth its light of discovery illuminating the civilized world. And this psychical exosmos, like that of our immortal McDowell, has enabled the accomplished operator among a host of other things, to extirpate the diseased ovary, remove the cancerous portion of a human stomach, or replace, with that of a dog, the lost cornea of a human eye. The physiologist has not been one whit behind, and in his council with nature may be said to have almost reached wisdom's inmost gate. In localizing cerebration the localization of memory in the fissure of Sylvius, near the Island of Reil, raised the veil that had so long obscured the spot where the mind of man receives the impressions that elevates him next to angels, or degrades him below the level of the brute.

With the atomizer we are enabled to en-

velope the most remote air cells of the lungs as well as the narrow passages of the anterior and posterior nares, with a medicated vapor, soothing and healing the delicate mucous membrane that previously was beyond our reach, as well as disinfect the operating room, and by proper precautions prevent the infection of wounds with that which causes suppuration and blood-poisoning. By the hypodermic injection of medicine, we can relieve the pain which kills, and induce that refreshing sleep that makes men awake hungry; radically cure the venous and arterial tumors of the rectum; abort a carbuncle, or call to our aid appropriate remedies when the reversed peristaltic action of the stomach renders their administration per os impossible. The ophthalmoscope reveals to us the condition of the furniture in the posterior chamber of the eye, and we can know what we could previous to its invention only surmise, and thus in the inception we can avert the destruction which would, but for this, surely shut out from the mind the infinite beauties by which it is surrounded. The laryngoscope mirrors to us the cause for the various disorders of the throat, from the minute excresence to the corroding ulcer; and by the early recognition we can avert disease destructive to life, and ofttimes restore to the tuneless tongue its proper functions, and thus prevent the loss of that faculty which belongs to man alone. In electro-therapeutics we have made great progress, using it with an intelligence before unknown. We can now transport to our patients the various kinds of electricity, and are thus enabled to impart to the exhausted nervous system a tonic effect with the lightning's vigor, or soothe to rest the maniacal nerve with almost an angel's magic touch. The universal interest manifesting itself in this direction cannot but be productive of great benefit to suffering humanity, and it gives promise of an usefulness which cannot be foretold at the present time, though its services are already indispensable. In the sanitary field, our importance as public protectors is universally acknowledged, for the confidence of even our bitterest deriders is expressed, when, in the hour of peril, their voices join in the universal cry for the Board of Health to come to their rescue, when the town, state or nation are threatened with an invasion of some contagious disease, and adopt measures to prevent its introduction or confine it to the limits it then occupies; and to our glory be it said that when our advice is strictly followed we seldom disappoint the expectations of our otherwise defenseless fellow-beings, be the invader, "Yellow Jack," cholera or typhus. Such an admission is an acknowledgment that the science of medicine is based upon as solid a foundation of truths cemented with facts for evidence, as that of any other branch of science.

The fact that there are some things that we cannot explain adds nothing against the profession that cannot be urged with greater propriety against the other branches. Ask the botanist to inform you how plants make their growth; does the sap contained within the cells flow from root to branch and branch to root by endosmatic and exosmotic action, by a visa tergo or some other process? Tell, if thou canst, why the trees before entering nature's lenten season should bedeck their forms with a matchless mantle, rich with the most beautiful tints the eye hath ever seen; say, was this change in the color of their dress wrought by the ingenious fingers of Jack Frost, or by the asorption of more oxygen at night than could be exhaled by day? Can the chemist inform us why the union of two gases, oxygen with hydrogen, should produce a fluid, water? They may answer, because the particles are brought into closer contact. True, but what brings them into closer contact? "Chemical affinity" is wanted. But what is chemical affinity? How did it originate? Why should the mere presence of a third substance cause two other elements to combine which would not otherwise do so? Why does the magnetic needle point to the north? and why vary from true north, more or less, with each succeeding year? What is electricity? Why should the rancid smell of butter and the agreeable odor of ripe apples come from the same elements united in the same proportion $C_4 H_8 O_2$? They may answer because the atoms are grouped differently. Granted, but what causes the different arrangement of the atoms? "Force." True, for this comprehends the existence of a law universally in operation, that of a superior imposing aud an inferior obeying it.

Make inquiry of the geologist if nature has revealed to him the secret of the crystallization of pure carbon and the consequent formation of that prince of gems, the diamond? Have you undoubted evidence how the drift was formed? Why does nature tremble, the earthquake swallow or the devastating volcano carry towns to one grave, whole nations to the deep?

The corundum group of stones, jewels, are composed of the sesqui-oxide of aluminum, $Al_2 O_3$, but what is the coloring matter which distinguishes the amethyst from the ruby, the emerald from the sapphire?

Ask the astronomer what causes the spots on the dazzling face of the god of day? Why with each night do we witness natures' signal rockets coursing among the illumined orbs of heaven? And why at certain periods such a display that it would seem that it must be the celebration of some celestial victory? I could go on almost indefinitely with these questions, but I think that this will suffice to show that, for demonstrable truths, the science of medicine stands at the head. But yet, in the face of these facts people accept as true everything advanced by an astronomer, chemist, geologist, etc., while we are ridiculed for our want of knowledge, when we possess more positive facts than all the others combined; since we cannot only bring to our aid the sense of sight, feeling and hearing, but can also obtain an intelligent response to our interrogations from the object of our study. Hence the necessity for a knowledge of our status, in order to be prepared to silence our enemies.

It has been said that knowledge passes through three stages:—1, the certainty of ignorance; 2, the uncertainty of doubt; and 3, the certainty of real knowledge. This being the case I think it can be truly said, that, of all others, ours alone has entered the third stage, for we are acquainted with the origin, course, part performed, and have named the vital streams and neurotic cables traversing the human form, and the muscles or shores of the territory along which they flow, as well as the process by which they sustain the form to which they first gave birth. We have numbered and named the bones and the constituents from which they are formed, as well as the part each was designed to perform; the mechanism by which the special senses make known to the pilot of the craft what is safe or dangerous, pleasurable or offensive; the process of nutrition, and the changes wrought by age or disease; the mechanism of labor, and each hebdomadal fetal change; in fact, we are more intimately acquainted with the object of our study than it is possible for the members of any other branch to attain, and we are, therefore, entitled to the respect and confidence so universally and gratutiously accorded when it would seem that some deadly contagion was about to overwhelm.

One word with reference to the new schools which have sprung up within the shadow of the old. The "Thomsonian" proved a blessing to the patient and the regular profession, inasmuch as it taught us that indiscriminate bleeding was unnecessary; as well as dispelled the idea that the patient's life depended upon the establishment of the constitutional effects of mercury. The fact that they refusee to make use of minerals hastened their dissolution, and its vegetable foundation soon succumbed to the jar of the steam which they regarded as so essential for its success. Like all reformations, what was administered as a poison, acted as a stimulant; for the regular profession, prior to this, thought and acted as the fathers before them or bolted the food received from their masters without examining to see if it was what it had been represented to be. The botanic was emphatically a backwoods institution, and followed the pioneer white man as he followed the Indian, because it could not long exist in an intelligent community. Eclecticism is the only issue it left, and although some improvement on the original stock, it still retains many of the distinctive features, which causes it to thrive best in a community where faith in "roots and yarbs and Indian doctors" are fashionable.

Homeopathy, in its infancy, like the world of the evolutionist, was founded on a microscopic atom, and demonstrated what we well knew before, that of the sick, eighty out of every hundred would recover without medical aid. That it forced us to change our treatment to smaller concentrated doses so prepared so as to be more agreeable than the old fashioned nauseous compounds, that we were wont to administer in the gape sinner and swallow, style, is true; nor can it be denied that so far this proved a benefit to all; but the homeopathy of to-day has so changed that the originator would fail to recognize a single splinter; for his disciples, though they still carry a supply of Hahnemann's sugar baubles in one pocket, have the other well-weighted with the concentrated tinctures and powders, which they never fail to use in the good old fashioned regular style, when the exigencies of the case demand their use; and the patient sings the praise of a school which exists only in the name. Homeopathy, honestly practiced, would die a natural death in twelve months.

The science of medicine, then, as we gaze upward along the path leading to the summit of the mountain of knowledge, is a pleasant, is an inspiring one; for we behold the slope covered with earnest workers in search of the jewels hidden there; and when, as we occasionally do, we see some one of them standing on an eminence far in advance of all others, there is no attempt to conceal the path by which he reached the height but holding aloft to view the gem that rewarded him for his

effort, he points out the marks by which the mass can reach him if they only try. Let us all then take up the clan Esculapian's watchword—"Onward"—and work while we can, united in our efforts to retain the position that we now occupy—first in the ranks of science.

SOME OF THE PHYSIOLOGICO-DYNAMIC EFFECTS OF HYDROCHLORATE OF COCAINE.

BY R. D. TIPPLE, M. D., TOLEDO, OHIO.

Since the discovery and use of this most important local anæsthetic is exciting so much interest, especially among ophthalmologists and otologists, during the short period of time in which it has been used, I have deemed it quite proper to contribute a little of my experience with it in two quite important cases—one a case of incipient progressive staphyloma, the other a case of glaucoma simplex, to say nothing of its anesthetic effects in numerous operative cases,which were highly satisfactory.

The history of the first is as follows: Miss J., aet. 20 years, applied to me about two and a half years ago for relief. I found upon examination anular synechia,of four or five years standing, the result of plastic iritis, with all the characteristic indications of that condition. Amongst the more marked results of this condition of things was marked anterior periscleral atrophy, with consequent bulging accompanied by the bluish brown discoloration caused by the choroid shining through the thinned sclerotic. Making no mention of the cause, pathology or pathological process, I will simply state that the indications pointed to an iridectomy, which I accordingly performed, thereby establishing a free communication between the two chambers, thus relieving undue pressure. The case progressed fairly well, and in the course of a few months decided improvement had apparently resulted. The vision had somewhat improved, capillary stasis had disappeared, there was less bulging, and the cornea had become quite clear; in fact the eye looked quite well, compared with its former condition, and continued in statu quo up to about two months ago, when congestion, corneal discoloration and irregular bulging appeared, whereupon the patient again consulted me, quite discouraged. I accordingly gave her the best treatment that seemed to me indicated, and tried to encourage her, if possible, to believe that her eye would get better, at the same time having grave doubts about the good results of the treatment, and suggested to her that if we should fail to save the eye an artificial one could be worn with little inconvenience, and would decidedly improve her present condition. She continued her visits at short intervals, with no improvement, but on the other hand growing gradually worse. I accordingly concluded to perform paracentesis corneæ. (Fortunately I had on that day received Merck's preparation of hydrochlorate of cocaine.) Upon examination I found plus tension. I instilled a drop of the solution at intervals of five minutes until I had put three drops into the eye. I then, in making the attempt to operate with the needle, found the tension reduced T—3 or more, whereupon I desisted from performing the operation and continued the instillation of solution daily, one drop at a time, under the influence of which the eye tension was kept down, the blood stasis removed, the anterior curvature became normal, the corneal haziness disappeared, and vision improved very much inside of two weeks; and to-day, which is about four weeks from the time I first commenced the treatment, the eye has nearly regained its normal condition.

No. 2, a case of glaucoma simplex: Mrs. L., aged 53 years, nervo-bilious temperament, came to me about one month ago, with the following condition of the right eye: Objectively; partially dilated pupil, shallow anterior chamber, hyper-tension, excavation of disc, and enlarged and tortuous retinal veins, as well as a diminution in the size of the retinal arteries. The subjective symptoms were also characteristic of the glaucomatous condition, such as halo, contracted field, etc. Having previously used the muriate of cocaine for reducing eye tension, the idea occurred to me that it might be serviceable in her case. I accordingly instilled one drop into the eye and supplied her with a few drops, with the request that she should put one drop daily into the eye and return to me in four days, which she did. Upon her second visit I found a marked improvement in all the conditions of the eye, whereupon I ordered a continuance of the same treatment,and at the present time (at the end of about three or four weeks) I find the eye to be nearly as well as the other, with the tension slightly below The case is still under observation, and will continue to be for some time, and the final result will be reported. I used a four per cent solution.

—There are eighty thousand cess-pools in Paris, and, according to the Lancet, the sanitary condition of the city is very bad. The houses average forty inhabitants each.

CORRESPONDENCE.

LONDON LETTER.

Editors Review: On the very day when I wrote my last letter the profession in this country sustained a severe loss in the death of Dr. Mahomed. Though only 36 years of age, he was exceedingly well-known throughout the country as a zealons and indefatigable worker. Educated at Guy's Hospital, whilst still a student he wrote a paper on the use of the sphymograph, the first of a long series of valuable communications relating more or less to the subject of arterial tension and Bright's disease, and it is not a little curious that his last paper, published a few days before his death, in the Guy's Hospital reports should have contained a strong expression of his opinion as to the value of the sphygmograph in the diagnosis of Bright's disease. But it was his work in connection with the subject of collective investigation that caused him to be so widely known. Prof. Humphry first mooted the subject at the meeting of the British Medical Association at Cambridge in 1880, and Mahomed eagerly took it up as affording scope for his almost boundless enthusiasm and energy. A year later when the scheme had been got into shape, Mahomed volunteered to be the first secretary without any salary, and for a year or so devoted an immense amount of time and labor to his self-imposed task- Last summer when the International Collective Investigation Scheme was proposed at the Congress he was again to the front supporting the movement, and was one of three gentlemen appointed as a sub-committee to draft a basis for giving effect to the scheme. A meeting is to be held at Guy's in a few days to take steps to raise a fund for the support of the young family he has left behind him almost totally unprovided for. His death creates a vacancy on the staff of Guy's Hospital, where he had not long been appointed Assistant Physician.

When I last wrote I promised to give an account of the discussion at the Clinical Society on Charcot's joint disease, but I reckoned without my host. A second evening has been taken up by the subject and it again adjourned to give more members the opportunity of giving vent to their thoughts on the subject· I say thoughts advisedly, for at present, the speakers have as a rule not had much experience of cases of so-called tabetic arthropathy on their showing, but have been treating us to their theories on the subject. I hope however that the discussion will really be brought to a close at the next meeting of the Society, because I do not see that any good is likely to result from its further prolongation, and I shall then endeavor to give you a summary of the whole debate.

The medical papers have all contained a brief notice lately of a case of trephining for cerebral tumor. The patient, who was under the care of Dr. Hughes Bennett had presented certain localized symptoms pointing to an affection of the upper part of the ascending frontal convolution just in front of the fissure of Rolando, and Dr. Bennett asked Mr. Godlee to trephine over that area. When this had been done, and the dura mater incised, the convolutions looked absolutely healthy, and two of the distinguished neurologists of the day, who happened to be present, strongly advised that nothing further should be done, but Dr. Bennett thought otherwise. He therefore requested Mr. Godlee to make an incision into the brain not more than one inch in length or one inch deep. An incision was accordingly made and a small glioma about the size of a walnut shelled out with great ease. Up to the present time the patient is doing fairly well, but his ultimate recovery is not assured yet. Anyhow, whatever be the result, Dr. Bennett has earned both our praises and our congratulations for his good diagnosis and his moral courage in undertaking the operation.

Mrs. Weldon is pursuing her victorious career; not content with having obtained a verdict for £1000 against Dr. Semple, one of the physicians who certified that she was insane, she brought an action against Dr. Winslow, for assault in attempting to remove her to his asylum on the strength of those certificates and has obtained a verdict in her favor with £500 damages. She is now proceeding against Sir Henry de Bathe, who signed the order for her admission on the part of her relatives, and when that is over and she has obtained damages against the other physician who certified her to be insane, she will doubtless return to the congenial atmosphere of the music hall, where for several weeks in the summer she nightly entertained large audiences, or else she will perhaps stump the country with the "unfortunate nobleman" who till lately languished in Dartmoor, and for whose cause she has already expressed her sympathy.

The third Bradshawe lecture at the College of Surgeons was delivered by Mr. Savory three days ago. These lectures were founded in honor of the memory of a Mr. Bradshawe, who practised as a medical man in Reading some years ago, by his widow, who left a sum of money to the Colleges of Physicians and Surgeons on condition that at each there should be delivered an annual lecture on some subject connected with medicine to be called the Bradshawe lecture. Mr. Savory took cancer for his subject, and delivered a most brilliant address on it, which I should think will be sure to appear in full in one or other of next week's journals, His great point was that heter-

ologous growths were not really heterologous, being always formed out of some embryonic tissue, and that the malignancy was in proportion to the low degree of specialization which they had attained to, the lowest forms of embryonic tissue tending to develop themselves again in exactly the same shape rather than to produce any higher form; the degree of growth and reproduction being, as was well known, in an inverse ratio to the degree of specialization.

Yours faithfully, R. M.

NEW YORK LETTER.

NEW YORK, Dec. 25, 1884.

itors Review.—The Hospital Saturday and Sunday Association has issued an annual statement and appeal. There are now twenty hospitals desiring support through this channel. It is the custom of every religious body to set aside the contributions of one Sabbath in the year for the use of the hospitals. Last year approximately $45,000 was given for this purpose. The cost of maintaining these institutions amounts to nearly $550,000, which expense is met principally by the interest of invested funds.

This year they will be deprived of about $35,000 on account of a recent act of the legislature. To make up for this deficiency great efforts are be- made to prepare people to give on Hospital Sunday.

Many of the horse cars have little flags flying on which is printed in large letters "Help the Hospitals."

Fortunately we have a few hospitals that are so well endowed as to have a handsome surplus. We understand that Roosevelt Hospital has never touched the principal of their endowment, while New York Hospital having received its charter from King George III. represents wealth from the accumulated gifts of more than a century.

Within the last year we have noticed in our medical and secular press, as well as among the more educated classes an abatement of the prejudice against and an increase in favor of cremation. New York now has a society called the Cremation Society. The Rev. Dr. Howard Henderson recently read a paper on "Cremation" before this society in which he strongly favored incineration. He said that he thought it better to perform in fifty minutes what it would take the grave as many years to accomplish.

There is to be constructed on Long Island a costly crematory.

The building will be so arranged in its construction that post-mortems may be held when necessary and the expense of cremation will be a comparatively moderate sum. A number of bodies are now awaiting incineration.

The New York College of Pharmacy has not only been making improvements in their building but the class of students has been improved by the requirement of a preliminary examination in the elementary branches.

At the last meeting of the County Medical Society a paper was read upon the use of the hydrochlorate of cocaine.

In discussing this paper Dr. Polk mentioned a case of hydatid abscess of the liver which he had opened by the use of the new drug, applying it directly to the integument and also to the wound as he proceeded. The case seemed unsuitable for the administration of ether but the cocaine seemed to have a very good effect. Cocaine is now much less expensive and we think is growing in the estimation of the profession for its value as an anæsthetic.

A paper that has created not a little interest and discussion was that of Dr. Joseph Winters read before the Academy of Medicine, entitled, "Is Tracheotomy in Children for Croup and Diphtheria Dangerous?

Dr. Winter held that it was not dangerous and should be considered among the minor operations of surgery. He thought it best to use the scalpel only in making the primary incision and in cutting through the tracheal rings. The thumb and index-finger should be firmly held on each side of the trachea, pressing away and guarding the large blood vessels.

Opposite views were expressed. The paper showed the result of extended research.

Last Thursday evening the Academy was the scene of considerable excitement and indignation in regard to the accusation made by several of its members against Dr. Fordyce Barker, the president in the chair. It was claimed that Dr. Barker had falsely represented himself to be a graduate of Paris, France.

Dr. Weir took the chair and Dr. Barker's reply and statements were listened to and sustained by the Academy.

A motion was at one time pending asking the accusers to send in their resignations, but before voting it was withdrawn.

Dr. Austin Flint, Jr., is prominent among the accusers and many were indignant towards him because they believed it to be personal spite on his part, resulting from Dr. Barker's attitude in the code fight.

Dr. Loomis at his clinic remarked that although his experience did not allow him to assert it positively, yet viewed in the light of modern pathology, he believed that tubercular testicle was always secondary to general

tubercular infection. Else how could the tubercular bacilli get there?

A patient was exhibited for a second time greatly improved from anæmia due to malaria. She had been taking an ounce and a half of Warburg's tincture half an hour before breakfast. The doctor insisted upon this large dose of the tincture when quinine and arsenic fails. He said he had tried this upon his own person and could therefore speak from experience.

Speaking of severe cerebral complications Dr. Seguin said that he had seen several cases recover on discontinuing the bromides. He believes many apparently serious complications to be due to their use.

Prof. William Darling, the anatomist, is sick with pneumonia. The doctor is 78 years of age, and the instructor in the University Medical College. He is considered one of the most classically educated men in the city. Thousand of the medical profession can recall his repartee and profound wit and testify to the refreshing influence of the stories and rhymes which interspersed "Darling's lecture." J.W.

BOOKS AND PAMPHLETS RECEIVED.

The Medical Record Visiting List for 1885. For neatness and style there is not its superior in the market. It is, however, a little too thick for the pocket. Publishers, Wm. Wood & Co., New York.

The Physician's Visiting List for 1885. A neat, thin, convenient list competing well with other visiting lists in the tabulated formulæ for ready reference. Published by P. Blakiston, Son & Co., Philadelphia.

A Remarkable Case of Dexiocardia. By Robert H. Babcock, M. D. Reprint from The Medical News.

Contribution to the Relations of Ovulation and Menstruation. By A Reeves Jackson, A.M., M. D. Reprint from Jour. Amer. Med. Ass.

Jewish Hygiene and Diet; the Talmud and Various Jewish Writings Heretofore Untranslated. By Carl H. Von Klein, A. M., M. D. Reprint from Jour. Amer. Med. Ass.

Jequirity, its Uses in Diseases of the Skin. By J. V. Shoemaker, A. M., M. D. Reprint Trans. Med. Soc. of State of Penna., 1884.

The Dry Treatment of Chronic Suppurative Inflammation of the Middle Ear. By Chas. J. Lundy. Reprint from Mich. State Med. Soc., 1884.

Muriate of Cocaine in Ophthalmic Surgery. By C. J. Lundy. Reprint from The Physician and Surgeon, Ann Arbor, Mich.

ITEMS.

—Localization of the Cortical Motor Centre of the Larynx.—In a paper on this subject, read at the eighth meeting of the International Medical Congress, Dr. D. Bryson Delavan, of New York, after giving two cases, concludes:

1. That there is a cortical center of motion for the larynx.
2. That this center is in the course of the anterior branch of the middle cerebral artery.
3. That it is toward the proximal end of this vessel.
4. That it is in the vicinity of the convolution of Broca.—Phil. Med. News.

—Dr. A. Hughes Bennettsays that according to the respect with which the physician treats his own calling, and the courtesy and forbearance he exercises toward his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honorable, so will he elevate himself above the adventurer and the charlatan.

—An Interesting Case.—Three medical celebrities met together to consult at the sick bed of General X. After they go the general rings for his man-servant. "Well, John, you showed those gentlemen out, what did they say?" "Ah, General they seem to differ with each other. The big fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

—We learn the number of students at the Cincinnati medical schools has fallen off about thirty per cent. The cause assigned for this is the requirement of preliminary examinations on entrance. We are delighted with this news. A higher medical education is being gradually achieved.

—A one-per-cent alcoholic solution of bromide of arsenic is recommended by Dr. Piffard as a cure for pimples. One or two minims are to be taken in a wine-glass of water, on an empty stomach, the dose to be diminished as the pimples disappear.

—Dr. John Dewar calls attention to ergot as being the safest and best remedy for whooping cough. This conclusion he came to after extensive trial of a vast number of useful drugs, viz.: Bromide potass., belladonna, and zinc. He says, ergot seldom fails to cure it in from one to three weeks, the cases longer in getting better being those complicated with bronchitis, or with troublesome bronchial catarrh. The dose used was four to five minims of the fluid extract every three or four hours, to a child of three months and upward.—Med. World.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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KRAO, THE LITTLE VISITOR FROM LAOS.—This little being of nine summers from those far off and unexplored subtropical regions cannot fail to excite the interest of any one capable of recognizing the modified developments which ncessarily arise under the influences of circumstances so imposing as are to be found in the region of her home. We will not attempt to discuss her position from an ethnological standpoint, but simply accept the teachings of such eminent men as Virchow, of Berlin, and Kirchhoff, of Halle, both of whom, having examined her, consider her a genuine specimen of the genus homo; but with such peculiarities that she cannot well be assigned a place in any of the hitherto recognized races. In her home among the jungles she with her parents and kin lived in the trees, wore no clothes and was ignorant of the use of fire, the diet consisting of fruit, wild rice and fish. Exposed to the influence of the atmosphere without covering it is not astonishing that the hairy growth on the different parts of the body should be abundant, but the abundance of the hair is not a question of such significance as the direction in which it grows.

The comfortable attitude assumed by the individual seems to be with clasped hands behind the back of the head, making the water shed for the arms converge to the elbow, consequently we find in Krao that the hair runs downward from the shoulder to the elbow and from the hand upwards to the elbow. Over the abdomen it runs downwards and towards the pubis and on the back downwards and inwards towards the coccygeal region. The whole of the scalp is covered with thick black hair extending down even over the forehead.

Whilst speaking of the hair it would be logical to refer to the teeth. In the lower jaw they are well developed but in the upper jaw this regularity is not so satisfactory,more from a slight irregularity of the permanent teeth rather than any deficiency of dental structure. We have called her at the commencement nine years of age, of course, as she was captured when she was five or six years old. The only means of determining her age—her parents of course knew nothing of dates—is by the eruption of the first permanent molar.

The ears and nose seem to be free from the usual cartilaginous structures and are peculiarly soft and agreeable to the touch. Her soft large eyes are full of pathos and could not fail to elicit sympathy from the refined mind. In several scientific journals she is said to resemble the gorilla in that she does not possess irides. But in the first place the gorilla does possess irides and so does Krao. In fact the eye would need to be of very difficult structure to be a very useful organ were it devoid of the iris. The iris is, however, so black and so near the color of the pupil that it requires the aid of some reflecting surface in order to observe it accurately. We were afforded this privilege and can testify to the ready response which it gives to a beam of reflected light.

Her color is difficult to describe; we should characterize it as white with a very thin film of dark-brown covering. The color has no resemblance whatever to the color of the negro and the measurements and angles of the head and face separate her completely from the African race.

The cheeks are full, this appearance being augmented by the presence of large pouches inside the buccal cavity, which she delights to keep filled with nuts. The full development

of the cerebral region of the skull and the want of development of the cerebellar region is quite marked; the spinous processes of the cervical vertebræ are very prominent, and so Dr. Shelly tells us are the coccygeal. He also informs us that she possesses thirteen dorsal vertebræ and thirteen ribs on each side. The prehensile power of the fingers is almost confined to the first phalanges, and their apparent independence of the thumbs is quite marked, and so is also the facility with which the fingers can be bent back on the dorsal surface of the hand. The prehensile power of the toes is also quite striking, the prehensile power existing especially in the terminal phalanges and the big toe being opposite to the other toes.

Looking at this little maiden as a whole, we certainly should not be disposed to consider her as a "freak of nature" or "monstrosity;" but should consider her as a good specimen of the genus homo differently developed from ourselves by the very different surrounding circumstances and climate.

She was captured by Dr. Shelly and Carl Bock in the territory of Laos and is now the adopted daughter of Farini, the Director of the London Aquarium. Dr. Shelly, a graduate in Medicine of Halle, has travelled extensively and is enthusiastic in the study of anthropology. We have to tender him our thanks for the facility he has afforded us in talking with and observing more closely the interesting little charge whose peculiarities he has undertaken to exhibit to the world. We have no doubt that he will afford the same facility to any other student of anthropology.

The Retrospect of the Year 1884 in the British Medical Journal.—The Review of Medical Events in 1884 as found in the British Medical Journal of December 27, 1884 is so replete with interest that we feel that the grestest possible dissemination should be given it. The subjects of the deepest interest, marking the progress of the science of medicine, we intend to present to our readers.

Value of Anatomical Study.—The British Medical Journal makes the following true and sensible remarks on the above subject:

"A very large number of monographs and smaller contributions on anatomical subjects have appeared in British, American and continental serials during the past year. It is satisfactory to find that naked-eye anatomy is not wholly discarded through the glamour of the microscope, the popularity of histology, and the idea that dissecting-room anatomy is worked out. The increasing number and superior education of demonstrators of anatomy in the medical schools counteracts the tendency to neglect the older regions of anatomical science. It would be well if some industrious and competent collector of knowledge would prepare, for the benefit of the profession, a work after the plan of R. Quain's Anatomy of the Arteries, in which a description could be found of all the known abnormalities in bones, vessels and muscles and of all the new researches that tend to contradict received opinions on the position of the viscera. A work so much needed could readily be compiled from the scattered notes of contemporary anatomists, such as Sutton, Lockwood, Arbuthnot Lane, Knott and others whose valuable contributions on human and comparative anatomy, the disposition of peritoneal reflexions, bicipital ribs, and many other subjects, lie embeded in at least a dozen different periodicals, society records and hospital reports. The heavy pressure of duty towards students prevents many workers of the above-described class from producing more than one or two short papers yearly, but their combined knowledge would make up a valuable work of reference.

Several articlos of high value and, it must be added, great complexity, on the anatomy of the brain, cord and peripheral nerves, have appeared in German periodicals, together with similar papers on the heart and respiratory tract."

Lulu Hurst, "the Georgian Wonder." —Of all the impositions which we have ever

seen presented to the public, under the guise of simplicity and "popular prices"—one dollar—the show exhibited under the above announcement is the most transparent. Lulu Hurst has for some time been presented to the public at different places,as a young woman possessing some unusual power,by means of which she overcame or resisted the antagonizing muscular influence of others, through the medium of a chair, an umbrella, and a billiard cue. These three instruments, so far as we had the privilege of seeing, constituted the sum total of her paraphernalia for the show. And for the exhibition of her tact in making the opposite sex dance around a platform with these three weapons, the astonishingly "popular price" of one dollar was charged. With a certain amount of naivity the participants of the show desire the audience to assist them with any light they can throw on the subject, to explain this mysterious force which she displays. We feel almost ashamed to write on the subject, but as she has secured good audiences, and among them a fair sprinkling of medical men, it is but fair to suppose that this so-called exhibition of physical or magnetic force is not without interest.

Miss Hurst is a young woman of good muscular development, and capable of rapid, vigorous movements. Her eyes have an expression which would of course be read differently by different observers, but to us they exhibited an amount of cunning of a low type; and they seemed to express a considerable satisfaction at the acceptance on the part of the crowd of her exploits, with a certain amount of astonishment that they should be so stupid.

The disinterested participant is requested to take hold of a chair and keep it firmly in position, with the seat upward and about on a level with the hips. After he has been holding it firmly for a variable length of time, she puts her hand on the seat and suddenly and craftily pushes in one direction. This makes the individual exert all his force to hold the chair upright in the direction in which she presses. She then suddenly shifts her strength to another direction, varying it so as to gain the greatest advantage; and in a very short time her participant in the show is exerting himself to sustain his own equilibrium, laboring under the disadvantage of, at the same time, having a chair to sustain, subject still to the force which Miss Hurst can add, applied in the most advantageous or disadvantageous directions.

To vary the meagre show the umbrella is introduced, but the exhibition of the so-called force is so simple of explanation that we will not insult our readers by referring to it. The chair is, however,again introduced, and whilst it is held up as before, two, three, or a half dozen, are requested to put the chair to the ground, keeping it on a level all the time. The explanation is that she craftily, with the pressure of her hand, disturbs the equilibrium, and hence makes one-half of the participants be occupied in lifting the chair up, whilst the others are trying to put it down, and the impossibility of several strangers co-ordinating their movements at once develops the "wonderful phenonena." If any of our readers should be tempted to spend an hour to witness such feats, we should with more earnestness than usual say "don't," unless it is to see how easily the crowd can be humbugged.

Descent of the Testis.—In the retrospect of the work of the year 1884 as noted in the British Medical Journal,we find it stated that some valuable contributions to the anatomy of the human sexual organs have appeared in French and German periodicals. Dr. Bramann has published a series of researches designed for the elucidation of that still disputed question, the descent of testicle. After examining a series of human embryos, he found that at the end of the third month the testis lay close to the internal abdominal ring, unconnected with the gubernaculum, which could only be traced to the external ring, not a single fibre passing into the scrotum. Later, in the fourth month, the testicle was found to recede distinctly into the abdominal cavity; at the same time, the gubernaculum increased in size and became attached to the

lower end of the testicle. At this stage, the aponeurosis of the external oblique muscle appeared thin and transparent in the region of the future external ring; the gubernaculum could be seen through the aponeurosis as a white cord lying in the inguinal canal. On pulling the testis upwards by means of forceps, the tissues around the site of the external ring became drawn in, forming a funnel-shaped depression, but the scrotum remained perfectly unaffected. This condition appeared to remain little altered till the sixth month, when the gubernaculum had grown to its largest proportions. A bundle of fibres could be detected passing out of the external ring to be inserted partly into the aponeurosis of the external oblique, partly into the spine of the os pubis; and with this bundle were added some loops of muscular fibres from the transversalis as well as the internal obliqne, all these newly developed structures blending with the gubernaculum. At the end of the sixth, or beginning of the seventh month, the descent of the testis was found to begin; the gubernaculum shortened at the same time, but at first, and for some time after the beginning of the descent of the testicle, the shortening was only apparent, and was not a process of contraction. Its fibres simply grew longer towards the scrotum as they atrophied at its upper extremity. A true contraction of the gubernaculum could only be verified at the stage when the testis has reached the internal ring. At the same period, a prolongation of the processus vaginalis, first perceptible at the third month, but not making any advance till now, began to increase in depth as it followed the testicle. Bramann found that this peritoneal fold distinctly forced itself downwards into the scrotum, preceding the testis in its descent, and pushing a part of the abdominal muscles and fasciæ—the well known coverings of the adult testis and of inguinal herniæ—in front of itself as it passed down. Bramann believes that the first descent of the testicle is caused by pressure from the rapid development of the viscera behind it; when that process becomes, for a while, less active, the gland recedes. He does not think that the same cause can explain the second and permanent descent, although it assists the process; nor does he believe that the gubernaculum draws the testicle into the scrotum, firstly, because it is not inserted into that sac, and secondly, because its true contraction begins after the second descent has distinctly commenced and advanced. It is more probably the contraction of a layer of cellular tissue lying on the inner aspect of the gubernaculum, and distinctly connected with the tissues of the scrotum, that is the essential cause of the descent of the testicle. Still, Dr. Bramann admits that the problem is not completely solved, and its solution cannot be perfect without the aid of comparative anatomy. His researches were published in the Archiv f. Anatomie und Physiologie, Anatomical Section, last summer.

Syphilitic Abscess of the Lung.—Under the title of "Pulmonary Syphilis," the Journal of the American Medical Association has an excellent editorial, which is of such a practical nature that we publish it intact. We do not, however, agree with the expression of the author in the first two sentences, namely, that only few general practitioners have recognized it; nor do we think it is very rare. We certainly have seen one unquestionable case ourselves, and in conversation with another practitioner, some six months ago, relative to the diagnosis of a case, the sputum of which we had personally examined, with negative results, for the bacillus tuberculosis, he informed that it turned out to be a syphilitic abscess of the lung. Whenever we hear of bleeding from the lungs we consider it of the utmost importance to exclude syphilis absolutely, or to institute vigorous treatment for the same. The article referred to is as follows: This is a manifestation of syphilis which it is safe to assume few general practitioners have ever recognized. This is due both to the rarity of its occurrence in adults and to the difficulty attending its positive diagnosis. The occurrence of a syphilitic form of phthisis was rec-

ognized by Morgagni, while Portal, Morton, Graves and Stokes admitted the likelihood of such a condition,from their observation of the clinical fact that some cases of bronchial catarrh were greatly benefited by mercury. It was, however, left to Virchow, Wagner, Lorain, Robin and other contemporaneous inves tigators to describe minutely the pathological changes due to pulmonary syphilis. Their researches were made chiefly upon the lungs of still-born syphilitic infants. The latest contribution to this subject is by Dr.A. Hiller, in the Charité Annalen, Berlin, 1884, volume 9, page 184, and recapitulated in Centralblatt f. d. Med. Wiss.,October 4, 1884, page 702, as follows: The anatomical appearances of pulmonary syphilis described by most pathologists are an increase of the interlobular and interalveolar connective tissue, resulting in induration of the part, with, in rare instances, retractions and wrinklings of the surface, the lobulated lung(gelappteLunge)of theGermans. In addition,gummata are found,either isolated or in groups from the, size of a hempseed to that of a goose's egg. Hiller doubts the occurrence, as stated by some, of a syphilitic infiltration of an entire lobe, similar to that of croupous pneumonia. On the other hand, he coincides with Virchow, Webber, Loiran and Robin in recognizing a process known as "white hepatization," which is analogous to the catarrhal pneumonia of children, and may occur in adults as well as in newly-born infants. In this condition, it will be remembered, the terminal bronchioles and alveoli are distended with altered epithelial cells. Wagner, on the contrary, holds that the alveolar walls thicken and gradually obliterate the alveolar spaces, without the epithelia taking part in the process. In some instances this cellular infiltration is complicated by an edematous saturation of the parenchyma, constituting what is known as a gelatinous infiltration. The cavities not uncommonly found in syphilitic lungs Dr. Hiller regards as bronchiectatic, herein differing widely from the view generally entertained, viz.: that they are the result of the breaking down and expectoration of gummata.

Some writers have described an acute form of phthisis syphilitica which manifests itself by a rapid disintegration of the pulmonary tissue, like that of tuberculosis. Dr. Hiller, however, after a critical perusal of the literature of the subject, draws the conclusion that, in the cases hitherto reported as instances of rapid syphilitic consumption, adequate proof is wanting of there having been a real ulcerative destruction of the lung structures, the same as takes place in pulmonary tuberculosis, and hence that a rapid consumption of the lungs from syphilis does not exist. He regards the cases in which the diagnosis was confirmed by an autopsy as nothing more than a combination of constitutional syphilis with true tuberculosis, and thinks that where cavities were found, they were bronchiectatic. Dr. Hiller has collected and tabulated all of the published cases, 87 in number, in which a post-mortem examination is recorded. Of these, 29 are regarded by him as having been either genuine tuberculosis or a combination of it with syphilis or cancer. The remaining 58 were undoubtedly examples of syphilitic phthisis. In typical cases the most constant pathological changes consisted of that increase of the interlobular and interalveolar connective tissue already mentioned, or of fibrous induration of that portion alone of the pulmonary structure immediately surrounding the bronchial tubes. Next in order of their frequency were found diffuse lobular consolidation, gummata and circumscribed patches of peribronchial thickening, called by the Germans "nodular bronchopneumonia." In non-typical cases, there had existed a pneumonia either of traumatic origin, as set up by foreign bodies in the air passages, or a croupous pneumonia which had been modified by the preexisting syphilis.

The author then details two cases occurring in his own practice of genuine syphilitic phthisis, in which he was able to watch the progress of the disease to the end, and to obtain post-mortem examinations. Although there were the usual symptoms of a pulmonary complaint, emaciation, cough, dyspnea, etc., the course of the disease did not corres-

pond with that of tubercular consumption. The anatomical characters were likewise found to differ from those of tuberculosis, agreeing fully with those of syphilitic phthisis already described.

The diagnosis of pulmonary syphilis can never be determined, intra vitam, with absolute certainty, but only conjectured if there exist at the same time the characteristic lesions of constitutional syphilis. To this end laryngoscopical and rhinoscopical examinations should never be omitted. In differentiating between a given case of suspected phthisis syphilitica and tuberculosis, the detection of tubercular bacilli in the sputum would, in Dr. Hiller's opinion, decide the question.

Lancereaux considered a case of phthisis as syphilitic if, in addition to the presence of characteristic lesions of the mucous membranes, the pulmonary affection was unilateral, with signs of consolidation, and it might be of excavation. But Wilson Fox justly remarks that a syphilitic disease of the lungs may be bilateral.

Syphilitic phthisis possesses great therapeutical interest. Some clinicians have seen marked benefit result from the administration of mercury and iodide of potassium, while others have noted no improvement.

In a case of this affection which we had the privilege of observing in von Ziemssen's clinic at Munich, the process was situated in the middle lobe of the right lung, and Ziemssen then remarked that according to his experience this was the most frequent site. Probably no weight is to be attached to this statement."

Development of the Uterus and Vagina (Retrospct British Medical Journal).—The investigation of the development of the sexual apparatus is a subject so complicated that it particularly engages the attention of embryologists. The modifications worked by differentiation are here exhibited in a striking manner. The subject has been studied with accurracy during the past year and MM. Tourneux and Legay have contributed to the Journal de l' Anatomi et de la Physiologie an interesing paper on the development of the uterus and vagina, as demonstrated by dissections of the human fetus. Every stage of the intricate procees by which the ducts of Müller are converted into permanent structures has been carefully gone over from fresh preparations. We turn particular attention to the authors' observations on the differentiation of the vaginal part of the cervix ueri from the vagina, and the development of the cul-de-sac. The recent researches of Rieder, Shüller, Fischel, and others, published during the past year in Geman medical papers, tend to modify previous opinions on the fate, in the adult, of the duct of the Wolffian body in the female, named after the Danish writer Gartner. It is now very doubtful that Gartner's duct decends lower than the upper part of the vagina. The pair of tubes in the walls of the female urethra, sometimes named after Skene of Brooklyn, have been found by Schüller to be the ducts of a pair of distinct urethral glands, which makes it more doubtful that those tubes can be a portion of the efferent duct of the Wolffian body.

Localization of Functions in Cerebral Cortex (Retospect British Medical Journal).—Professor Schaefer's researches on the functions of the marginal convolution were propounded by him in a lecture at the College of Surgeons in June. The subject of his experiment was the monkey; and his mode of experimenting consisted essentially in two parts: 1. Excitation of a certain area. 2. Extirpation and localization of lesion. Professor Schaefer pointed out that, from excitation alone, no definite conclusions could be drawn, as it was quite conceivable that excitation at one spot might spread in all directions, and effect other parts in proportion to their distance from the spot simulated; but that, when followed by extirpation and localization of lesion, reliable results were obtained. From experiments based on this principle, he discovered that the muscles of the trunk and limbs were governed by that

region of the cerebral cortex corresponding to the upper and posterior part of the marginal convolution, the anterior limit of this lesion being situated about the middle of the frontal lobe. By successive excitations of this region in order from before backwards, he obtained movements of the forearm, movements of the arm and trunk, of the dorsal muscles of the trunk, of the trunk, of the abdominal and pelvic muscles, of the thigh and trunk, and, finally, movements of the leg and foot; and, on subsequent extirpation of corresponding regions, he obtained paresis of these parts. As histological evidence of this being a functionally motor region, he pointed to the presence in it of large nerve-cells, such as indicate government of movement.

Chicago Medical Society.— The Chicago Medical Society held its regular meeting January 5, the President Dr. D. A. K. Steele in the chair.

Dr. G. H. Chapman read a paper on the use of alcohol in diphtheria. Dr. C. claimed to have obtained in a series of cases of diphtheria more advantage from the use of alcohol than from any one other article as a medicine. He gave it by preference in some of the many whisky preparations either hot or cold, stipulating only that it should be given ad libitum, claiming that under the influence of diphtheria it was practically impossible to intoxicate the patient. When whisky was not on hand he gave diluted alcohol.

During the discussion which was participated in by Drs. Parli, Tilley, Reynolds, Steele and others, the general impression prevailed that the value of the alcohol had been rated too high and that in cases where hyperemia of the brain existed it would be contraindicated.

Dr. F. H. Martin read a paper on the Use of Manganese in Disturbed functional Action of the Uterus. Dr. M. claims for this agent the virtues attributed to it by several European writers. He reiterated the substance of his experience reported a year ago and narrated additional cases. Reports were given of the catemenia having been readily established after a very brief exhibition of two grain doses of the permanganate in capsules three times daily. A similarly happy effect was claimed, when ergot and other remedies had failed, in cases of metrorrhagia and menorrhagia. No cases of failure were reported.

The preferable way of administering it is in capsules. It should be taken after meals and water should be administered copiously after. Its adminixture with other substances should be avoided on account of the facility with which it parts with its oxygen.

Arbutin is an alkaloid of Uva Ursi that is recommended by Lewin of Berlin in the treatment of cystitic. The alkaloid is reduced in the economy and an element styled hydrochinon ($C_6 H_4 OH_2$) is eliminated by the kidneys; this is said to possess antiseptic and anti purulent properties.

It appears that contradictory reports of its efficacy in cystitis trouble have been rendered. Notably Pashkiss, known to all Americans, who have spent a season at Vienna, as the assistant at v. Sigmund's clinic of Syphilis and Venereal Diseases, has had no encouraging results.

In the Centralblatt für Klin. Med. Schmitz of Bon relates two cases, one of acute, the other of chronic cystitis, in which the exhibition of arbutin gave most gratifying, immediate and permanent amelioration. The urine in both cases was cloudy, full of floculi, and of ammoniacal odor, consequently of decided alkaline reaction. Micturition was painful; tenesmus severe; quantity voided scanty; distress great.

Arbutin was ordered as follows: Arbutin 2.5 g.; aq. destill, 180.0 g.; morph. muriat. 0.025 g. D. S. One tablespoonful every two hours. In the acute case 5 g., of arbutin in the chronic 15 g, taken as directed sufficed to clear up the urine, and establish an acid reaction. In the case of chronic cystitis, the tenesmus was so severe that the patient continually held on to the chamber-pot and was de-

prived of all rest and sleep. On the third day marked improvement was perceptible, and a complete cure was effected in a week.

Puerperal Fever in a Male.—The Revue de Méd., 1884, T. iv., relates the case of a husband who nursed his wife, that was ill with puerperal fever, and who was seized by an acute febrile affection, characterized by chills, fever, albuminuria, tumefaction of spleen and liver, bronchial catarrh, hematogene jaundice and multiple suppurations. There was no other source of infection but the wife, and therefore the case is deemed one of puerperal infection of the male.

Central Organ of Sight and Hearing (Retrospect British Medical Journal).—Dr. Munk's researches on this are embodied in a paper read before the Academy of Sciences at Berlin (Sitzungsbericht der Akad. der Wissenschaften, 1884, Band xxiv). His experiments were made chiefly with the rabbit, but the rat and porpoise were also used. He found that removal of the cerebral hemispheres produced "absolute" blindness, in spite of the optic thalamus and corpora quadrigemina remaining intact. The animals, he says, stumbled against obstacles, fell from the table, and showed no apprecialion of sudden change from bright light to darkness. Moreover, when afterwards their eyes were destroyed, their behavior was in all respects the same. Hence Munk concludes that, as with the higher mammals and birds, so with these, all central visual operations are connected with the cerebral hemispheres. A curious controversy arose between Munk and Professor Christian as to the results of the removal of the cerebral hemispheres, in which the latter, at a meeting of the Physiological Society at Berlin (June 20), contradicted Munk at every point, and finally declared himself an opponent of the teaching of localization of function, which, he said, "at best was only an hypothesis."

Goltz, in his article on localization of function of the cerebrum (Verhandl. des dritten Congr. f. Innere Medicin) describes results obtained by removal of the entire frontal lobe on one or both sides, thus laying open the lateral ventricle, and removing the fore part of the basal ganglia. One incision was made directly in front of the chiasma through the whole substance of the brain, a second at right angles to this through the corpus collosum. When extirpation was made on one side only, hemiphlegia, both motor and sensory, resulted, together with unilateral disturbance of sight. A few months after the operation, the paralysis decreased, and sight was restored almost to normal. The animal permanently lost its muscular sense, but at no period was its sensation of touch affected at any point. After bilateral extirpation of the frontal lobes, all these phenomena were more marked. The movements became clumsy and aimless, and the animal rolled against all obstacles. Reflexes were exaggerated through abolition of the inhibitory centres. Goltz lays great stress on phenomena of hyperesthesia and changes of character, the animal becoming irritable and aggressive. These phenomena, together with the destruction of the motor zone, he concludes, are the only essential consequences of removal of the frontal lobes, such removal not necessarily affecting the acuteness of sight, hearing, smell, or taste. On the other hand, after removal of the occipital lobe, Goltz observed no disturbance of movements, no exaggeration of reflexes, and no loss of sensibility. The sense of hearing and of smell remained, but the perception of these senses was not normal. The sense of sight was chiefly affected, extirpation of one occipital lobe being followed by homonymous bilateral disturbances. Bilateral extirpation of the occipital lobes was followed by much greater derangements of sight; but not by "absolute blindness;" the animal still avoided obstacles and picked out strips of white paper; but, although he retained his sense of sight, he could not mentally interpret that sensation. He was psychically blind. Thus we find Munk's view, based on experimental research, contradicted by results obtained by Goltz on, perhaps, more reliable evidence.

We may here notice the revolution of opinion undergone by Goltz within the last few years. Formerly a vigorous opponent to the theory of localization of function, he is now its staunch upholder. Like a true philosopher, he has had the courage to change his opinion and to avow the change.

Golt'z view more or less supported by the results of a series of elaborate experiments conducted by Jacques Lorb under his direction (Pflueger's Archiv, Band xxxiv). This observer finds that removal of the region described by Munk as being in connection with the point of most distinct vision of the retina produces no effect whatever on the animal's visual sensation, whereas removal of the cortex of the convex surface of the optic thalami on both sides caused defect of the lateral regions, which alone, according to Munk, could now recive visual impressions, whereas the regions of most distinct vision remained intact. Lorb concludes that any portion of the cortex of the occipital lobe may be removed without giving rise to disturbance of visual sensation.

Amid this maze of conflicting statements, we find refuge in Luciani's clear exposition of the subject. He says (Brain, xxvi, July, 1884) that the centre of sight is affected by extirpation in the frontal, parietal, temporal, and occipital regions, as well as by destruction of the hippocampus major; but that lasting visual derangements are only produced by lesions in the parieto-occipital region. Extirpation of one occipital lobe causes bilateral homonymous hemiopia, and hence each occipital lobe is in connection with the outer segment of the corresponding retina, and with the inner segment of the opposite one. But he denies projection of halves of the retina on definite segments of Munk's centre of sight, because he says that bilateral extirpation of that region produces not partial but diffuse disturbances of sight, and not cortical blindness. Luciani concludes that the cortex is not the seat of visual sensations, but that images formed on the middle brain (corpora quadrigemina) are psychically elaborated by the cortex. Passing to the centre of hearing, this author connects it with the temporal, parietal and frontal lobes, and with the hippocampus major, each ear being connected with both centres, but chiefly with that of the opposite side. Extirpation of cortex in these regions lead to psychical deafness. With regard to the centre of smell, Luciani found olfactory disturbances follow decortication of the gyrus hippocampi and destruction of the hippocamus major. This a partial decussation of olfactory fibres, but the main bundle is confined to the same side. Luciani concludes that, while each organ of sense has a special centre, yet there is a common territory in the parietal lobe; and extirpation in this region leads, not only to considerable disturbance of sight, but also affects the sense of smell and hearing, as well as tactile sensations.

Fecal Abscess with Perforation of the Cecum Discharging Through the Umbilicus.—In the very able series of lectures delivered before the Harveian Society of London by Mr. Thomas Bryant, published in the British Medical Journal, from which we have previously quoted, the author narrates a case embracing the above mentioned condition. Mr. T. B. thus describes it.

"Fecal abscess with perforation of the cecum discharging through the umbilicus; tubercular disease of the intestine; caseous mesenteric glands.—George C., aged 13, was admitted under my care on September 27, and died on October 6, 1877. He had had pain in his right side for months. He was admitted with a fistula at his umbilicus, discharging feces and pus. He had been complaining for months of sickness and looseness of the bowels. Three weeks before admission he had sudden pain at the stomach, and a week later an abscess broke at the navel. On October 5, there was severe vomiting, which ushered in death. At the inspection general peritonitis of old date was found, and the intestines were matted together. There were tubercles on the bowels, and ulceration throughout, more particularly at the cecum, in which was a small perfora-

tion, half an inch long. This communicated, by a fistulous track, with the umbilicus. (The urachus seemed to have directed it to the umbilicus.)

Remarks.—This case, if it stood alone, is worth recording, from the unusual and curious course the cecal abscess took. I confess when I saw it I was quite unable to make a diagnosis, although in the future I hope I, in common with others, who may know the case, will be more acute. The case was essentially a chronic one, lighted up by a fresh inflammation, and burrowing. I may add that, although this case is the first in which I have known a cecal abscess directed to the umbilicus by the urachus, I have known a peri-vesical abscess so conducted.

The above case is one of nine cases of trouble arising in the cecal region of the intestines. In the discussion of them Mr. B. says:

Eight of these nine cases, extracted from the post-mortem records, and note-books at Guy's Hospital, occurred in boys or young males, and one in a female subject; these figures,added to Hilton's Fagge's,giving sixteen males to three females. In seven, the vermiform appendix was ulcerated or sloughing; and in five casds concretions were found. In two the cecum was the seat of ulceration. In all but one peritonitis was the direct cause of death, with and without suppuration; and in the exceptional case, an accidental ulceration of an artery, followed by hemorrhage, brought about death. In all the cases, after death, pus and other inflammatory products were found about the cecum and neighboring intestines; and, when the appendix was involved, sloughing of its base or apex, and more or less local fecal extravasation. In one case the matter burrowed down tne thigh. In three it passed upwards about the liver; and in one case it perforated the diaphragm. In an unusual example, the matter burrowed in the course of the urachus, and was discharged through the umbilicus. Suppurative peritonitis, and some burrowing or extension of the abscess upwards or downwards, was the main cause of death in all.

With these pathological facts, let me return to the clinical, and see by a careful analysis of the symptoms if any guide to diagnosis can be found. In six of the nine cases, amongst the early symptoms pain in the right side of the abdomen was prominent, and this pain in some cases had existed for months or weeks. In others, it began in that region as an acut symptom. In two at least of the cases, there was pain down the front of the right thigh in the course of the anterior crural nerve. In two cases there was flexion of the right thigh, and aggravation of pain on any attempt at extension of the limb being made. In a case recently under care, both these symptoms were also present. In three or four of the cases the bowels were either regular during the progress of the case, or they were loose. In none of them was there any symptom of obstruction. In several of the cases, the abdomen was not distended. In all there might have been sudden abdominal pain, associated with vomiting; but these symptoms, as a rule,were associated with others to which attention has been drawn, or followed those of a more special kind,which would have been enough to guide the surgeon to a diagnosis. In fact, in the majority of the cases recorded,a diagnosis, or, rather, probable diagnosis, was possible on a careful estimation of the facts of the cases, and more particularly of their histories. Indeed, in these cases, as in so as in many others, a careful history of the case is essential to enable the surgeon to form a definite diagnosis. An estimation of present symptoms alone is almost sure to mislead, whereas an estimation of all the facts of the case is absolutely necessary to guide. When an abscess is recognized and is tympanic, the connection between it and the bowel is readily recognized.

Under these circumstances, I think I am justified in adding that, as a rule, the diagnosis of peritonitis, the result of typhlitis or perityphlitis, ought not to be difficult, and that these cases should not be confused with those of intestinal strngulation; that the only symptoms in common between the two classes

of cases are sudden acute abdominal pain and vomiting; and that, whereas, in intestinal strangulation these symptoms come on usually in a patient who has been hitherto perfectly well, in cases of typhlitis, or the other hand, there will either be a history of local trouble,or other symptoms to point to it. In syphilis, on the other hand, there will either be a history of local trouble, or other symptoms to point to it. In syphilis, whether acute or chronic, the pain will almost always be on the right side of the umbilicus, and, in some cases, will pass down the right thigh in the course of the anterior crural nerve; whilst, in some, the flexor muscles of the thigh will be involved, and extension rendered painful, if not impossible.

In the subacute cases, suppuration may burrow backwards towards the right loin, upwards towards the liver and diaphragm, or downwards towards the pelvis or thigh, or inwards towards the umbilicus. In some cases it will burst into the bowel. In every case, if left alone, acute peritonitis, grafted upon chronic, will bring about death.

With these observations, the subject of treatment ought to occupy our attention; and, taking as our guide the causes of death, I am disposed to think the indications are tolerably clear. Indeed, they all point to an early incision made in the neighborhood of the cæcum for the evacuation of early inflammatory products in acute cases, and of pus in chronic; for there is little doubt that in many of the cases recorded, had this relief been afforded life would probably have been saved. In Case LI, as in the example quoted in the remarks upon it, this result unquestionably would have been secured; and in others it is more than probable. For,when ulceration and extravasation, either direct from the cæcum, or indirect from the vermiform appendix,have taken place, suppuration is almost certain to follow; and when it has occurred,a process of extension by burrowing in one of the directions indicated by the cases I have quoted, or towards the peritoneal cavity, may be expected to ensue. Under these conditions, a fatal result must be looked for.

Rest, opium, and belladonna, in the early stages of the trouble, are of the greatest value; but, when extravasation has occurred, and inflammatory fluids have been poured out, little reliance can be placed upon them, unaided by the surgical procedures already described. Under these circumstances I would suggest, as a rule of practice, that, in cases not rapidly subsiding under medical treatment, an oblique incision above Poupart's ligament should be made, from about half an inch external to and above the internal abdominal ring, upwards and outwards, in front of the anterior superior spinous process of the ilium, or even further back above the iliac crest. The incision should extend through the muscles and transversalis fascia, and the finger will then readily pass behind or in front of the cæcum, according to circumstances, to let out inflammatory products. With their exit, convalescence may be expected; without it, some such results as have been recorded in this lecture must be anticipated.

When the cæcal appendix, within a mesentery of its own, is floating in the peritoneal cavity, and becomes the seat of trouble, a localised peritonitis will of necessity take place, as in Case LVIII; and, under such circumstances, the question of opening the peritoneal cavity presents itself. For my own part, I can see no practical objection to the procedure; since, if the case be left alone, a diffused peritonitis is sure to follow the local one, and, as a result, death. In the case quoted (58(, this practice was adopted, although under a mistaken diagnosis; but, had I washed out the abscess cavity more thoroughly than I did, and made better provision for its drainage, success might have followed the practice. My only excuse for not having taken these precautions is to be found in the fact that the case occurred in 1871, when we were not so alive to the value of the means mentioned as we are now.

—The Italian physicians declined to volunteer their services in the recent cholera epidemic, unless they were placed upon an equality with the army officers, which would ensure them a pension for their families in case of their death.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, December 27, 1884.

NASAL CATARRH.

In the absence of Dr. Thomas F. Rumbold, Dr. Frank M. Rumbold read his paper on "Patent Remedies for Nasal Catarrh."

DR. ATWOOD.—Nasal catarrh is to my mind one of the most difficult diseases to treat; it is almost the *opprobrium medicorum.* Every general practitioner of medicine must have met with numerous cases which resisted any and every form of treatment he chose to inaugurate, no matter how diligently he persisted; such at least has been my experience. No allusion was made in the paper to the use of what is called the nasal douche. I was anxious that some one should make reference to that mode of treatment, and state whether under his observation the serious injuries had resulted to patients from the use of that machine or appliance, which have generally been attributed to it. For years after its first introduction I was exceedingly pleased with its effects; nor did I, save in one instance, ever see any injurious influence; and in that case there was simply an inflammation of the conjunctival surface causing lachrymation, or what may be called super-lachrymation. I have always succeeded in relieving the nasal accumulation of mucous or muco-purulent secretions, and that was invariably followed by improved inspiration and expiration, so that respiration could be readily conducted through the nose. I have persisted in using it, I suppose through my ignorance, and I have yet to see any reason why I should relinquish it. I think, however, many patent remedies to which my attention has been called (although not prescribed by myself, but having been used by patients who have come into my care) are of no avail; I have never seen any exceedingly beneficial results; though from time to time I hear of this that and the other being a specific, so-called. Of the many appliances which have come into vogue in these later days, one remedy has really been of benefit as prescribed by myself, and that is the introduction into either nostril of what is called Mitchell's medicated bougie. It is a small bougie, or rather a roll of gelatin, impregnated largely with different medicaments; the one prescribed by myself containing iodoform and the extract of belladonna. This being introduced into the nostril and the nose filled with cotton, dissolves under the influence of warmth and moisture of the part, and by changing the position of the head brings the iodoform and belladonna, liberated by the melting process, into contact with a great deal of the mucous lining of the nose; and invariably patients have said that they were exceedingly benefitted with its application. I am well aware that it is very difficult to get this remedy in contact with all the portions of the nasal cavities, considering the great accumulation of the secretions and the nasal sinuosities, prominences and depressions, etc. It is almost impossible to bring the remedy in close contact with these surfaces so as to influence, perhaps, the particular spot which is most of all diseased and to which it is absolutely essential that the remedy should be applied in order to produce its remedial influence. If it were possible to stand the patient upon his head, and to place his body at various angles, as such bougies melted, it might be that through the instrumentality of washing out the nose first and then applying the nasal bougie, and by the discharge of mucus through the effort at blowing, these remedies might come in contact with such surface and might produce better effects than they do under the conditions which are usually attendant upon their application. I mention the fact that I have used iodoform and belladonna because they are readily obtained at the drug store; and many of our physicians who are not specialists are obliged to treat these cases in order that they may try these remedies and see if they will prove of the same benefit. But, with a view of eliciting some remarks from gentlemen who are better able than myself to speak upon the point, I want to call attention to the fact that there is a very close proximity to the brain of a portion of the nasal sinuses. The mucous membrane lines the nares and extends through the ethmoid bone to the frontal sinuses; and there very frequently is a diseased condition which, unless remedied, no matter how much benefit may be derived by the mucous membrane of the nose, the disease, chronic nasal catarrh, will continue and persist for all future time. The nerves which supply the parts are close to the base of the brain and Dr. Rumbold's paper refers to the peculiar mental depression and mental perversity of many patients who have aggravated the malady by the use of quack remedies until they went so far as to express a desire for self-destruction and took a most gloomy view of life. "They become utterly worthless," I believe that is the expression that he makes use

of. Now, is it possible for insanity or mental aberration of any degree or description to be the result of irritation of the sentient extremities of nerves distributed to the nasal cavity; and can the result of the thickened mucous membrane and ulceration be reflected upon the brain in such a way as to induce mental phenomena of an incoherent character? I myself have seen nothing of the kind.

Dr. Bremer.—I have heard the statement made that nasal catarrh might run into or occasion insanity. I never could bring myself to believe this doctrine. Very frequently cause and effect are mixed up or mistaken one for the other. I will illustrate it by the relation of a case that has been under my treatment for several months. It is that of a very sober industrious and hardworking man, about 50 years of age. About a year ago he was taken sick with what was pronounced by the attending physician to be nasal catarrh, and for the benefit of his health, when treatment did not avail, he went South. There again he was treated by a specialist, by all kinds of topical applications, and by electricity, because in conjunction with the catarrhal trouble there was an intense neuralgia of the nasalis externus nerve which supplies the tip of the nose. This man came back to St. Louis broken in spirits, very much depressed, and feared that he would become insane. He was treated then in this city by a specialist who mentioned to him that he might become insane in consequence of his nasal catarrh; since then his condition has become a great deal worse; he would not talk of anything else but his catarrhal trouble. He had lost all interest in life; did not care for his family; he only cared about his nose, and talked about it incessantly to anybody who would listen to him, so much so that he became a bore to his family and acquaintances. When he came to me I examined him and found that there was a chronic affection of the "swelling corpuscles" of the nose. As soon as he entered a room which was heated, his nose would close up immediately; when he got outside in the cool air the nasal passages would open again and he would breathe freely. There was still this intense pain at the tip of the nose. There was another phenomenon which is very strange and of which I have never seen an explanation given by any one. There was on expiration a great pain in the lower teeth; occasionally he experienced pain on the top of the head, which with that at the tip of the nose would sometimes be vicarious or alternate; the one appearing when the other left. At times he would suffer with excessive night sweats, he was wakeful and couldn't rest, he couldn't sit still for two minutes at a time. This case admits of various interpretations; here is a sober industrious man of good common sense, not a drinker, intelligent above the ordinary degree for men in his station of life; he used to be authority among his comrades on matters of politics and literature. Either this man became depressed in consequence of a catarrh, which in reality never amounted to much or this catarrhal trouble and neuralgia of the nose were the consequence or only the manifestation of a deep-seated central trouble. I am inclined to believe in the latter theory. On closer inquiry I found that this man had manifested some queer symptoms and was quite incomprehensible in his deeds to his family long before any catarrhal affection occurred; he was not the same man, was very talkative, which was entirely against his custom; he would bore people to death with his talk if they would let him. Then afterwards came this catarrhal trouble, and it was only because his attention was called to it that he centered all his thoughts on the nose; if he had been suffering from catarrh of the stomach, and somebody had told him that it might run into insanity, or if he had conceived that idea himself, I am firmly persuaded that the trouble of the stomach would have played the same part in his disease as the nose does now; I believe therefore the neuralgia of the nose and this peculiar affection of the nasal passages are the results of pathological disturbances somewhere in the central nervous system. Of course it is very difficult to locate, in such cases, the exact site of the lesion; it must be very diffuse because the symptoms are so diffuse and anomalous, and the symptoms cannot be brought under any pathological head, as the disease does not correspond to any of the given cases or of any of the given classes of mental derangement. It is not melancholia. His reasoning faculties are absolutely intact; his memory is weak, it must be admitted; he remembers very well what happened many years ago, whereas things that happened recently he is very apt to forget. On hearing music he is moved to tears. There is a peculiar disposition on his part to exaggerate everything connected with his disease; this reminds us of course of hysteria; and it is a well-known fact that hysteria occurs in men as well as in women. French authors have devoted a great deal of time to this subject and have described male hysteria in a classical way. As a last resort it has been proposed to

remove the external nasal nerves; whether that will so re-act on his brain as to bring about an amelioration or perhaps a cure of all symptoms,of course nobody knows. I did not quite understand whether the author of the paper read stated that virility was lost in consequence of the nasal catarrh or of the patent remedy that was used?

Dr. Frank Rumbold.—In consequence of the nasal catarrh.

Dr. Bremer.—In regard to this statement, Mr. President, I have never before heard or read it, nor can I recall a case of that description in my practice. There is no doubt that there is a certain relation between the nose and the genital organs, women suffering from uterine disease are very frequently affected with acne rosacea and the swelling organs of the nose and the swelling organs of the genital system seem to have a certain relation one to the other; and disease of the genital system certainly may bring about, in the course of time, certain pathological conditions in the nose especially in the female; but that there was such a close connection between the nose and the genital apparatus, that disease of the latter would produce a loss of virility, I have never read of, nor am I prone to believe it, unless I would actually see a case and trace the loss of virility to it. An individual broken down in health is afflicted with all kinds of ailments, and is likely to be subject to nasal catarrh. In fact, nasal catarrh is one of the signs of a broken-down constitution, and we know that it is very frequently the forerunner of phthisis, and that scrofulous subjects are particularly liable to have it. Scrofulous individuals are certainly not remarkable for their virility; it may be that a great many of them lose their virility, but I do not believe that it is on account of the catarrh, but on account of the general debility and broken-down state of their health. I am very sorry that Dr. Rumbold is not present this evening, as there are several assertions in the paper of which I should like to speak, and in support of which the doctor could probably have given us facts and figures.

If it is in order I will make a statement in regard to the use of the muriate of cocaine. I reported some time ago that I had employed the remedy, with very happy effect, in a case of facial neuralgia, in combination or perhaps as the result of disseminated sclerosis of the spinal cord and brain. I said at that time that the patient afflicted with this trouble was relieved immediately of his excessive suffering by the application of a four per cent solution of the muriate of cocaine to the mucous membrane of the mouth, from which organ his pain would start upon the slightest provocation, either by speaking or by mastication. I applied this remedy about four times with good results; the fifth time it was only a partial success; the sixth time a signal failure. It evidently had lost its effect entirely. I have since tried it on a case of peripheral neuralgia of the fifth nerve, in which the paroxysms of pain also started from the mucous membrane of the mouth, and I regret to say that the same thing took place in this case. At first there was brilliant success, and afterwards absolute failure. Of course I do not mean to say anthing against this remedy; it is well established now, and absolutely necessary in operations on the eye. I only wish to call your attention to the fact that in cases of neuralgia it at first will act well, but finally will fail. I have never used it hypodermically; it may be that it would work well if used in that way, but judging from this experience I presume the same thing would take place with a hypodermic use of the drug; the system will get used to it, as it does to morphine.

Dr. Dudley.—Have you applied the remedy to the case to which you referred a while ago?

Dr. Bremer.—Yes, sir. I tried it on that case, and with absolutely no effect whatever. I at first entertained great hope that it would relieve the peculiar irritable condition of the swelling organs of the nose i. e. the "vaso-motor catarrh," but it failed entirely.

CONTRIBUTIONS.

PATENT REMEDIES FOR NASAL CATARRH.

BY THOS. F. RUMBOLD, M. D.

Read before the St. Louis Medical Society, Dec. 1884.

There are many persons whose nasal, head, throat and chest troubles would be slight,had they refrained from using the so-called remedies for catarrh that are advertised in the newspapers. I am satisfied that little is known either by the profession or community of the great injury done by these agents, especially in America.

During the last twelve years (1872) I have made it a practice to inquire of my patients concerning their efforts at alleviating their catarrhal troubles, and found that about 15 per cent of them had not used any kind of a remedy, about 20 per cent had been treated

by physicians, and the remaining 65 per cent had resorted to patent remedies for catarrh.

The first-class—as they may be called—did not, as a rule, appear as though they were severely afflicted; but few of them complained of very great physical suffering, nor did many of those under 35 years of age lay much stress on their mental suffering. None of their symptoms indicated that they were acute, consequently their objective symptoms —such as accumulations of muco-pus, thickened mucous membrane, etc.—were more marked than their slight subjective symptoms indicated.

Those of the second-class were more severely affected; but still the majority of them complained more of physical than of mental discomfort.

With the third class—the 65 per cent who had resorted to patent cures for catarrh—these conditions were reversed, they complained far more of their mental than of their physical ailments, and all of their symptoms were more severe than either of the other classes. They evidently had far more pain than did the second class but their mental afflictions were the occasion of so much greater solicitude than their physical sufferings, that the latter were made secondary. They complained of loss of memory; melancholy, dissatisfaction; and were not refreshed by sleep, even when they could close their eyes. Many of them said that they felt more tired on rising from bed in the morning than when they went to bed at night. A large percentage of them timidly intimated that fear of becoming insane was often forced upon them by their own observations of the actions of their mind. This was far more dreadful to them than their physical sufferings.

The male portion of this class suffered more severely than those of the female portion who had passed the age of 35 years. It is not difficult to account for this peculiarity. The females of this age had learned from experience to dress more in conformity with the laws of health which, if it did not counteract some of the injurious effects of the "cure," at least it did not increase them, while the males as a rule, instead of endeavoring to conform as near as possible to the laws of health, because of their illness, actually augmented their complaint by an over indulgence in the consumption of tobacco and stimulants. The disease because of its being rapidly increased by the irritation of the "cure" seemed to incite them to an increased use of these two prime "congestors,"[1] to an extent far greater than formerly in the hope of obtunding some of their mental troubles.

My observations lead me to think that many of our inebriates come from this class; that is, from a class of invalids who are suffering mentally, especially from a nasal catarrh that is being rapidly increased by any cause. Their distress is so great, that it drives them to take anything that will give even partial relief.

For many years I have noticed that there is a limit to the use of tobacco by all catarrhal patients, but the limit is sooner reached by this class. As soon as the inflammation arrives at a certain stage of intensity, the result of a sudden increase of the disease, from any cause, the pneumogastric nerve is easily effected, then a slight additional increase of the inflammation of the mucous membrane, or a slight depression of the system, occasioned by a little over-indulgence in tobacco, will cause a reaction on the stomach, resulting in qualmishness. Under these circumstances tobacco in any shape cannot be tolerated.[2]

Unfortunately stimulants do not have a sickening effect on the stomach. Many of the sufferers claim to get relief from it through its obtunding influence, and it seems to counteract an ever-present weariness, which is a frequent symptom of these patients. With some, stimulants do not deaden their disagreeable feelings, then they resort to the use of opiates, chloral, etc., which, is certain to increase the congestion, even if it does give relief for the time being. If these deceiving agents are continued for a few months, their use will be almost certain to become a confirmed habit.

Such a human being is fast approaching a condition that may very properly be called "good-for-nothing." His physical and mental capacity will be so far below par that he will feel actually unable to make sufficient exertion to attend to his business, nor will he be capable of managing his business transactions if they are in any way complicated and he is utterly unfit attend to to even the simplest kind of busines-transactions.

If to these ailments are added another evidence of weakness, that of loss of virility,

1. There is no such word as "congestors," but there should be.—T. F. R.

2 I would like to say, in passing, that it would be well for the victim of the tobacco habit to take advantage of this rebellious condition of the stomach and discontinue the use of this peculiarly fascinating agent. The remembrance of the exceedingly convincing command that the stomach made to cease the use of tobacco, which it is needless to say was instantly and most willingly obeyed, has given him a good "start," and will exert a potent influence in holding him to his resolution to "quit for good."

which not infrequently follows as a sequence of excessive catarrhal inflammation, the victim is in a fit condition to end his tronbles by self-destruction. This method of relief is not an infrequent subject of conversation during the first few visits to my office.

These symptoms, which are those of a greatly aggravated case of nasal catarrh, are some of the results that follow the use of newspaper remedies, or, to make it more comprehensive so as to embrace all sufferers, however their catarrhal troubles have been increased, the results of the use of agents, that, while they give momentary relief cause an increase of irritation that always ends in producing greater congestion, consequently increase of disease.

I have asked my patients for their reasons for employing these newspaper "cures," when they knew they were ignorant of the composition and the effects. Their answers, invariably were that they saw many of their symptoms described in the advertisements, and, as the advertisements were often seen in religious papers, they thought they were safe in using the "cure." These reasons,with the fact that it did not cost much (?), induced them to give it a trial.

In many instances I found that they employed these agents more "on account of a fear of what their catarrhal complaint might run into"—to use their own words—than for relief from pain. Accompanying this fear there was another: many of them had relatives who had died of what their doctor called consumption, and they feared that they might have inhsrited that disease and that catarrh was the commencement of it.[1]

Most of these "cures" are composed of ingredeints that produce a cooling and an anodyne effect on the inflamed and irritated mucous membrane, thus relieving the sufferer, for the time being, of the disagreeable heat of the parts, and of the annoying ever-present distress. It is this deceiving property of these "cures" that induces the victims to continue the applications and make subsequent purchases.

If the "cure" is a liquid, as Sanford's Radical Cure, Syke's Cure, Pond's, Papillon Cure, Lane's Cure, or a powder that is to be put in water and used as a wash, as Sage's (?) Catarrh Remedy; Jordan's Cure; Wie De Meir's Cure; Tousley's Cure, Herman's Catarrh Cure, etc., cubebs or camphor or other agents of a cooling nature will form a part of their composition. The effect of both cubebs and camphor are positively injurious, the user taking cold on even slight exposure, and after a few repetitions of these "cures" symptoms of cold will be experienced without any exposure.

If the "cure" is a liquid that is to be used in the form of a vapor, as the Campho-Carbolate Catarrh Cure, or is inhaled from an instrument as Cutler's Inhaler, it will contain tincture of iodine, carbolic acid, chloroform, etc. The vapor of the tincture iodine is quite irritating to the already irritated mucous membrane and will cause a profuse secretion of mucous which is conclusive evidence of irritation. This can be readily proved by inhaling it alone. Carbolic acid always produces congestion whenever its strength is sufficient to induce a benumbing sensation, and this is its strength in the liquid accompanying the Cutler Inhaler. It is seen that when these agents are inhaled in combination, and especially if chloroform is also a part of the compound, the sensation of irritation that the iodine produces is not experienced, because the anesthetic property of the carbolic acid covers it, as it were, consequently the victim is severely injured without being made aware of it.

In fact so very deceptive are most of these "cures" that instead of being warned of their baneful effects by their employment, almost every individual who uses them for the first time experiences, as I have said before, a sensation of relief, and they are greatly elated at their good fortune in finding a cheap, sure remedy.

Unfortunately, the pleasant sensations arising from the cooling effect of the cubebs and camphor and the anodyne effect of the carbolic acid are very short-lived, for the reason that the injury done by the first application; that is, the irritating effect of the iodine, the congestion following the carbolic acid and the colds resulting from the cubebs, annul some of the pleasant sensations produced by the second application; or, in other words, the injury resulting from the first application is added to the irritation occasioned by the disease, so that the pleasant sensations that are induced by the second application are not sufficient to overcome both irritations and leave the victim feeling as markedly improved as from the first application. This result follows each succeeding application, so that the latter applications are made, not because of the relief experienced at the

1. By the way, the unproved cruel assertion that disease is inheritable—which, I have denied to a large number of the members of this society, during the last fourteen years (1870) has placed many an unearned dollar in the doctors' pocket, and many an easily frightened man and woman in an insane asylum or an untimely grave.

time, but because of the remembrance of the great relief experienced after the first applications. The pleasant sensations become less and less with each succeeding application, until the injurious effects are greater than the pleasant effects can overcome, then a slight inconvenience is the result. This result will soon be increased to intolerance, if the "thing" is "pushed" regularly for a few weeks or months, at which time the victim's condition is most pitable indeed, as has already been described.

Frequently before the "cure" is used until the victim is made painfully aware that each application is doing him positive harm, he will observe that immediately after the transient pleasant effects have passed away, his unpleasant catarrhal symptoms are increasing; that is, he takes cold more frequently and more severely; his headaches last longer; his difficulty in breathing is greater; his gagging and his efforts at clearing his throat in the morning are more troublesome,his memory is shorter; his irritability of temper is markedly greater, and so on with every symptom occasioned by the disease when it is aggravated by local applications.

□Besides the "cures" mentioned, there are others, but most of them produce about the same effects and symptoms, each have a cooling agent or anodyne in it. Many of them are in the form of a powder, such as Tousley's Snuff, (carbolic acid, camphor, chlorate of potassa, soda, etc.) Evory's Diamond Catarrh Remedy,)carbolic acid, cinnamon, soda, salt,etc.) Marshall's Catarrah Snuff, (camphor, chlorate of potash) Lyon's Tonic Snuff, (peruvian bark, camphor, iodine). Dobynes, Herman's, Darno's German Catarrh Cure; McLane's, Shiloh's, Hyer's, etc., every one of which must injure every person who uses them. A few are in the shape of an ointment as Hall's, (cubebs scented with rose.) Ely's, (peppermint,cubebs.) Some"cures" are in the form of cigarettes, as Drapers, Murison's, Marshall's, Lange's, Gale and Bloci's, Jeffries, Hemrod's. The latter two are to be smoked from pipes. Cubebs form the principal injuring agent in these cigarettes. Some are to be taken internally, and are almost perfectly inert, as "Constitutional Catarrh Remedy" a liquid, that tastes exactly like a very weak solution of muriate of ammonia. "Hall's Cure," a very weak solution of quassa. Another,"Roe's Nasal Pastilles," cubebs,etc., these are inserted in the nostrils, and still others that bear the name of their make-belief discoverer or inventor, or their patentee, such as Crosbe's Inhaler.

Most of the inhaling apparatuses are so illustrated that they show the method of application. The sufferer, better named the victim, is seen in the act of blowing the white vapor out of his nostrils after he has inhaled the air through the bottle. This is intended to demonstrate that the vapor, after it has passed from the mouth up behind the soft palate and out through the nostrils, must have produced its effect on every portion of the deseased surface in the nasal cavities, which it does not do.

Most of these inhalers are apparatuses for the generation of nascent muriate of ammonia, which is seen to issue from the nostrils in quite a large volume. The vapor is made by passing air through muriatic acid and aqua ammonia; the combination of these two agents forms a dense white vapor, which in itself is not very injurious, and if used alone would not do much harm, but these discoverers of a remedy that has long ago been laid aside, always mix with the water through which the vapor passes, carbolic acid and other injurious agents that produce an immediate alleviating effect; but which, as I have said, are harmful in their results.

Strange as it may appear to those who have given this subject a careful consideration, many of these newspaper remedies and apparatuses are prescribed and employed by physicians who stand high in the profession. They are, no doubt, deceived by the cooling effect of the cubebs, when applied as a powder, by the alleviating effect of the carbolic acid and by the apparently philosopical method of applying the vapor. These worthless inhalers, with the usual compound of carbolic acid and iodine, are very popular with many English physicians. One ear surgeon of London, who is sometimes quoted as an authority, is in the habit of prescribing them for his patients. A London manufacturer of this apparatus repeatedly informed me of this fact, hoping, no doubt that it would be a sufficient recommendation to induce me to purchase one of them.

I have collected every catarrh, asthma and hay-fever "Sure Cure" that it is in the market, numbering in all 58, and have carefully examined them. Eighteen of these "Sure Cures" are bald-faced frauds. One ounce of quassia chips, a pound of table salt and forty gallons of water will make one barrel of "sure cure" that sells for one dollar a bottle, holding six ounces; the same quantity of water, a pound of muriate of ammonia, a pound of ground cubebs and a little common potash will make another "cure" that sells for fifty cents a bottle, holding four ounces. These two are the best of the eighteen frauds.

I have no doubt that some of the proprietors think that they have "just the thing," for

the simple reason that most of the agents used are now recommended by those of the profession whose practice is almost exclusively confined to the treatment of this disease, and their methods of application also agree with the methods now used by these physicians.

I stated at the beginning of this paper that Americans especially were greatly injured by these advertised cures. I am satisfied from conversation with physicians in all the large cities of Europe that they do not see this third class, that is, those who resort to newspaper remedies, for the simple reason that very few of the European catarrhal sufferers resort to advertised remedies, nor do their newspapers advertise catarrh "cures" to a great extent.

It is because that this class, who are very numerous, complain so much and so loudly of their symptoms, that makes it appear as though nasal catarrh was far more frequent now than formerly, and far more severe and frequently seen in this country than in Europe. Both conclusions are erroneous.

Those of us who have arrived at our fortieth or fiftieth year of age will remember that very many of our school mates had "dirty noses" and that sniffing up the nasal secretions was a most common practice by both the boys and girls of our young days. None but the most ignorant need be informed that this was due to a profuse catarrah of a semi-chronic form. I do not think that any one will say that they observe to-day more children with profuse secretions running from their nostrils than they saw in their youth. My observations lead me to say that there were as many children affected with this kind of nasal catarrh 20, 30, 40 and 50 years ago as at present. Our attention was not called to it at that time, consequently we did not see it. That there are as many persons suffering from nasal catarrh in Europe as in America I know from observation; but because of the proneness of Americans to patronize advertisers, and because of their numerous loud complaints after being injured by these advertised catarrhal cures, this disease appears, as I have said, more frequent nowadays than formerly and more frequent in this country than in Europe.

—There was an amusing picture last March in Punch of one kind of character in our profession not uncommon. It represents the drawing-room at a winter health-resort, and one lady says to another, "Oh, that's your doctor, is it? What sort of a doctor is he?" "Oh, well, I don't know much about his ability; but he's got a very good bed-side manner!" The man who drew that picture drew it from life.

REPORT OF A CASE OF MALIGNANT DISEASE OF THE TESTICLE.

BY J. A. SUTCLIFFE, A. M., M. D.

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Read at the Mississippi Valley Medical Society, Springfield, Illinois, September, 1884.

Mr. T., an attorney, aged 52 years, resident of the eastern part of Indiana, a man of fine physique and belonging to a hardy family, consulted me in January, 1883. He gave the following history: During the late war while acting as major in one of the battles in Virginia, he was thrown by his horse against the pummel of his saddle, injuring the right testicle. Acute orchitis followed, disabling him for a short time.

The testicle apparently recovered with the exception that it remained permanently enlarged to a slight extent, and it was somewhat indurated. It gave him no further trouble until about four years before I saw him. At that time it began to enlarge and slowly increased in size, at times remaining stationary, until the date of the above examination. He had continued to follow his occupation and had suffered but little pain, which was of a dull, heavy character. His appearance was anemic, and his skin slightly sallow.

The testicle was much enlarged. Its shape was that of a small cocoanut, somewhat flattened on its anterior surface, with its large extremity directed downwards. The line of demarcation between the glandular substance and epididymis was lost and the two were blended together as a homogenous structure. The scrotal veins were large and tortuous. The integument was moveable except over a small surface in front where it was adherent. The spermatic cord appeared healthy, and the lymphatic glands were not enlarged. To the touch, the surface was slightly uneven, elastic, and on its anterior surface over a small area there was distinct fluctuation. At this point an incision was made, and a considerable quantity of offensive pus escaped. In a short time a fungus growth the size of a marble presented itself at the point of incision.

The diagnosis of soft carcinoma or eucephaloid cancer was made, and on February 19, 1883, with the assistance of Dr. William Wands, the testicle was removed. Its weight was twelve ounces. The incision was ellipt-

ical in shape including the fungus and adherent integument. The cord was severed at the external abdominal ring, and appeared to be healthy. Three arteries were ligated, the spermatic, the artery of the vas deferens, and the cremasteric. The end of the cord was transfixed by a piece of silk, the extremities of which were tied together and left in the wound in order that the cord might readily be secured in case of hemorrhage.

A section of the testicle presented a white appearance, having a fibrous stroma which contained pultaceous matter. At some points the stroma was arranged in a concentric manner. The glandular substance was destroyed, and compression yielded a milky fluid. No abscesses were found in its interior.

The ligatures came away in due time without hemorrhage and the thread of silk which transfixed the cord was removed. The wound healed kindly and the patient gained rapidly in weight and strength. He resumed his occupation and believed himself to be well. In May, less than three months after the operation, the end of the cord began to enlarge. It was now proposed to open up the inguinal canal and remove the growth, dividing the cord at the internal ring. To this the patient declined to give his consent. The growth steadily increased in size. The integument covering it ulcerated, and a bleeding fungus presented itself. A second and a third mass of the same kind made their appearance a short distance above on a line with the lymphatic vessels. The two bands of integument separating them gradually narrowed until they gave way, and the three fungi united in one formidable growth. The patient was seen in consultation at Indianapolis by Drs. T. B. Harvey, E. F. Hodges, and F. S. Newcomer. These gentlemen confirmed the diagnosis as to the eucephaloid nature of the disease. The fungus grew rapidly and was bathed in a bloody serum of an offensive odor. Small portions would slough away and hemorrhage would occur from the ruptured vessels. Unlike the generality of such cases, the patient did not experience a great amount of pain. He would frequently note the progress of his affection, and express his surprise at the small amount of pain it occasioned.

The treatment was of a supporting character, consisting of tonics, stimulants, and nutritious diet. The hemorrhage was partially restrained by the use of the powdered persulphate of iron.

The odor was materially corrected by the application of disinfectants, dusting with iodoform being probably the most efficient. The fungus continued to grow until it covered the lower part of the abdomen. It measured in its transverse diameter eleven inches; from above downward thirteen inches, its lower portion extending down between the thighs.

I am indebted to my friend Dr. F. S. Newcomer, an accomplished microscopist, for the examination of a specimen of the above tumor.

The following is his report:

INDIANAPOLIS, Sept., 1, 1884.

DR. J. A. SUTCLIFFE: My Dear Doctor.—The specimen submitted to me for examination gives the following. The recent mass had a soft pulpy consistence and a pinkish white color. A creamy fluid oozed from the freshly cut surface, the fluid coming from the interstices in the areolar tissue. There was one ragged cavity containing clotted blood and the remains of clots. Under the microscope I found large cells, with well defined nuclei. The cells in one part were spherical and in another fusiform, somewhat granular and in a few instances compound. Some cells were elongated to such an extent as to resemble fibers. From the history of the case and this examination I am of the opinion it is a well marked and distinct case of encephaloid or medullary cancer.

Yours Truly, F. S. NEWCOMER.

The patient gradually sank under the exhausting influences of cachexia and hemorrhage. During the last few days of his life he was at times violently delirious. He passed away October 10, '83, dying from asthenia. Death took place eight months after the testicle was removed, four years and eight months after it first began to grow. The average duration of life after the testicle is attacked with carcinoma is two years. Sarcoma is liable to degenerate into a cancerous condition which may have occurred in the present case. This would account for the long duration of the disease. The pain in encephaloma is usually severe, it being of a burning, lancinating character, alterating at times with an aching sensation in the cord and testis. The encephaloid variety is the form of cancer most frequently met with in malignant disease of the testicle. Scirrhus is rarely seen. Some authors deny its existence. Cancer may occur at any age. Its favorite time is in middle life during the period of the greatest functional activity of the sexual organs. It has been seen in childhood; rarely after sixty years of age. It usually involves but one testicle. Aside from injury the causes are obscure. The diagnosis

in the early stage is often difficult. Doubtful cases of hematocele may be recognized by the use of the trocar, or by an incision. The syphilitic testis is small, painless, accompanied by a syphilitic history, frequently by other syphilitic symptoms, and is amenable to treatment. The tubercular or scrofulous affection manifests itself by nodular deposits, first in the epididymis and afterward in the glandular structure and is often associated with tubercular deposits in the lungs, is small in size, suppurates and becomes fistulous.

Sarcoma occurs in early life, is smooth, painless, grows slowly, and may remain stationary in size for many years. Encephaloma is aggressive in its course. It commences in the delicate areolar tissue connecting the seminiferous tubules. It soon invades the epididymis, blending the different portions of the testicle in a single mass. The growth is rapid, the surface is nodular with interspaces elastic, is usually painful, scrotal veins large and tortuous,integument adherent over a portion of the surface, and finally suppuration and fungus. The two most positive symptoms are a rapid solid growth followed by fungus. Early extirpation offers the only hope. Unfortunately the clinical history forces the fact upon us that the relief is usually of short duration. The rule is that the disease will reappear, either at the point from which it was removed, or in some other part of the body, and that it will hasten on to a fatal termination.

—A Collection of Curiosities. — The skill of the best diagnostician is, without question, a product of profound study, wide experience, and mastery of many of the innumerable problems of science. This, however, is not all that he requires. There is a chamber of curiosities which he should at times visit, in order to be periodically reminded that even the expert must possess a mental quality which is, perhaps, well described in our language by the familiar phrase, "common sense."

The collection of bric-a-brac in this apartment includes things new and old. Needless to describe, standing just within its portal, the wax figure of the doctor, in his rusty garments of antiquity, who first mistook a uterus containing a live fetus for a malignant growth. Only a little less known is his vis-a-vis, the effigy of the famous imposter who, by simulating epilepsy. deceived half the profession in England!

The miscellaneous assortment of articles covering the long tables beyond are not the least valuable of the singular contents of this chamber. They have been responsible for obstinate disturbances and diseases of almost every system of the human body, full of mystery till their agency was explained either by accident or skill; and the professional reputations they have wrecked, no man can number. Here are peas, beans, and other small bodies from the vegetable kingdom; pieces of shells and fragments of insects; pens, pencils and umbrella-ribs; parts of domestic utensils; and even candles and parts of candlesticks; with who can say what else beside! These have been thrust into the ears, noses, and flesh of innumerable men, women and children; stuffed under their eyelids, rammed into vagina and uterus; ininuated into urethra and bladder; pushed into the rectum and colon; and even lodged in the umbilicus. Each can tell a sad tale of misguided humanity; each can teach a true lesson to the diagnostician. Here are the round dozen of small files taken from the stomach of a madman in Portugal; here is an entire beer-bottle removed from the bowel of a man in Massachusetts; here is the famous Hodge pessary turned out from the bladder of a woman in Illinois! Here, also, are curious concretions of animal matters which have occasioned no little suffering to the unfortunate people who secreted them, and have tripped up too many a good doctor who was summoned to cure their mischief. Here are scybala, scarcely less solid and bulky than cannon shot; caseous rings cast about the glans penis. as firm as the rind of an ancient cheese; pellets of wax like bullets of lead!

The collection representing the animal kingdom is not without its objects of interest. Here are the larvæ of insects deposited beneath the skin; lice,whose incursions upon the human body have been responsible for many a "humor of the blood"—(poor abused human blood!]; fist-sized masses of inwoven lumbricoids that could deceive the very elect! Ah, what volumes would contain the learned opinions written on the diseases caused by these and their like, the only fault of all of which was that neither writers nor readers ever guessed the real truth!

At the last meeting of the American Dermatological Association, two new contributions were made to this collection of curiosities. One was a ball of blue worsted, employed, innocently enough, by an old lady in knitting stockings, but yet two physicians thought she was suffering from a rare case of blue sweating under the eyelids, till it was shown that her soiled fingers, applied to that part when irritated, had conveyed the coloring material to it from the worsted. Another was a red-bordered blanket, the edge of which, exposed beyond the sheets of the bedclothing, had become responsible for the "syphilis" of the unfortunate youth who had slept in its fold and thereby received its aniline stain beneath his chin.

The very latest addition to the museum is contributed by Boston, At first sight one would assuredly not regard it as an object of suspicion. It is only a partially digested oyster. Yet this depraved bivalve lay in wait, like a wolf, for a wandering sheep of a diagnosis. Having obtained access to the stomach of a patient, it refused there to accomplish its destiny of digestion, and had itself thence incontinently regurgitated. On its travels to the upper world again, it found temporary lodging in a convenient tonsil at hand, that asked no questions and demanded no rent. When did a scurvy knave of the world ever fail to find an accomplice in his villainy? Being thus safely lodged, our errant oyster had himself arrested by two pathologists for a neoplasm, a malignant outgrowth from his tonsillar environment; but, his real character having been discovered, his carcass serves, as should those of all convicted rogues, to point an old, old moral, and to adorn a tale that can scarcely be too often told.—Chicago Medical Journal and Examiner.

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SPAYING OF COWS TO IMPROVE THEIR MILK.—The following taken from Gaillard's Journal states facts that we have read and heard frequently from well-authenticated sources. We deem the matter of interest and value to the profession and would like to hear from our readers whether any of them have practiced this surgical procedure on their cows; or, on the other hand, we hope it may encourage some to give the matter a trial. A report of the observations made would be a valuable addition to our knowledge.

"It is a well-known fact that the quality of the cow's milk changes with the time lapsing after she has calved. On first calving it is decidedly laxative. Later on it loses this property, and at the end of a year the milk of a farrow cow is very astringent. The milk of the cow with calf also gradually changes with the period of gestation, becoming increasingly watery and having a limey taste. It is evident, therefore, that a child fed on "one cow's milk" must during the course of eighteen months receive quite a variety of food, and that at times during this period this food is not strictly of a physiological nature. In the supply of our cities, moreover, no care, of course, being taken to keep these different varieties separate, the milk must be of a very heterogeneous nature. To obviate the dangers which are associated with this variation in the quality of milk, Mr. Lloyd F. Abott advises (Boston Medical and Surgical Journal) the spaying of milch cows. The results which he claims follow this operation are: 1. Increase in the quantity of milk. 2. Constancy of quality. 3. Improved quality of milk. 4. Decrease in cost of keeping the cow. 5. Prolongation of the milk-giving period. 6. Increased readiness of fattening the animal and improved quality of flesh. He spayed a cow in November, 1880, at which time she was giving ten and half quarts of milk daily. At the date of writing, February 27, 1884, the cow was still milking and giving nine and a half quarts a day, and of better quality than that given by a cow having her ovaries. Dr. Mecuen, who took part in the discussion of Mr. Abbott's paper, stated that one cow from which the ovaries were removed has produced milk continuously for eleven years, and in this entire period has fallen off only three pints."

THE CEREBELLUM (Retrospect British Medical Journal).—W. Bechtereff (Russkaia Medicina, 1884) has been investigating the function of the cerebellum as an organ of equilibration in connection with the so-called "peripheral organs," namely, the semicircular canals, the grey substance of the third ventricle, and the olivary bodies. These he regards either as points of origin or exit of centripetal impulses on their way to the cerebellum, in which they become converted into centrifugal impulses regulating the amount of contraction on muscles necessary to maintain equilibrium under any given circumstances. Section of the peduncles of the cerebellum at various points, taken in connection with the isolated destruction of the different peripheral organs, leads the author to the conclusion that fibres from the olives and semicircular canals run in the posterior peduncles, that those from the grey substance in the third ventricle run in the cerebral peduncles beneath the aqueduct of Sylvius; whilst the middle peduncles convey contrifugal impulses, and the anterior ones form a communication between the cerebellum and the cerebral hemispheres.

Bechtereff moreover (Sitzungsbericht der St. Petersburg Pyschiatrischen Gesellsch., May, 1884,) traces the origin of our ideas of space to the organs of equilibration. He describes these as being in intimate connection with the organs of sense (sight, hearing touch); hence conditions exist for stimulation of the central organ of equilibrium by objective changes. An impression from the external world having been thus made on the central organ, a subjective process takes place, whereby the objective perception gives rise in the cerebellum to an idea of position in space.

Schiff, in his researches on the function of the cerebellum (Plueger's Archiv, Band xxxii, s. 427), finds that extirpation of the cerebellum does not produce inco-ordination of movements so long as the peduncles are uninjured; at the same time, he admits that movements are abnormal, becoming uncertain and feeble.

Here, again,Luciani comes to our assistance (Linee Generali della Fisiologia del Cervelletto, Firenze, 1884). The experiment on which he bases his most important results was made on a young bitch, which he kept alive for eight months, after having removed the whole of the cerebellum, leaving the penduncles intact. The resulting phenomena he divides into three stages. 1. Immediately after operation there are agitated cries for many hours; muscular contractions; extension of the fore limbs; contraction of the muscles of the back; the hind legs are not involved, but are weak, and exhibit clonic movements; voluntary movements are hindered; there are signs of inco-ordination, probably arising from injury to the peduncles. These symptoms gradually die away. 2. There is a condition of laxity and want of energy and vivacity of movements, what might be described to ataxia cerebellaris. The senses remain unchanged. The ataxia is produced by diminished strength and tone of muscle, not by incomplete equilibration. The animal can swim as that requires little effort to maintain equilibrium. 3. Accidental diseases supervene, and the animal quickly sinks. Luciani finally propounds the question as to how far the influence of the cerebellum affects the functions of "vegetative" life, in contradistinction to "animal" life.

Special Centres (Retrospect British Medical Journal).—With regard to position of special centres in the cerebrum, Raymond (Gaz. Med. de Paris, 1884, Nos. 21 and 22), on pathological evidence, places the facial nucleus at the base of the anterior convolution. The same author, together with Artaud (Archives de Neurol, tome iii, Nos. 20 and 21) traces the hypoglossal nerve into the cortex of the first central convolution.

Marriage and Mitral Stenosis.—The Medical News tells us that in a recent clinical lecture at la Charite, Dr. Landouzy stated that the mitral orifice is anatomically narrower in women. On the other hand, the hyperalkalinity of their blood leads to sclerosis. These conditions explain the frequency of mitral stenosis in woman. Nevertheless, as long as the left auricle, says the Journal de Medicine, remains in good condition, the primary lesions makes but little progress; but when the great vital test of pregnancy comes, there is danger.

Porak's statistics show that in gravido-cardiac disorders, as they are called, more than two-thirds of the cases are those of mitral stenosis, mitral insufficiency or the two combined. Obstetricians are agreed in advising that a woman suffering with mitral disease, especially mitral stenosis, should not marry; or, being married, should not have a child; or, having given birth, she should not nurse. A woman with mitral disease having been married, and becoming a widow without having borne a child, is in a most favorable condition if she remains content with widowhood. So, too, religious celibates who preserve their continence may have mitral stenosis, and live to the age of grandmothers.

Landouzy mentions the case of a girl who had been in the hospital under his care, and

whom he had advised not to marry, but who disregarded his advice, married, became pregnant, and after a miscarriage, died suddenly in an attack of asystole.

The editor of the Amer. Med. Digest comments upon this as follows:

"Of course, in cardiac disease, it is well to discourage marriage; but, in regard to such action, the old fable of Cupid being blind has countless illustrations, and at the bridal altar these very maidens, like other brides, deck themselves with orange flowers, the very symbol of fecundity—whether they know this or not—when they ought not to have a single pregnancy. But, when married, they are advised not to have children. How many women can control this matter? To avoid reproduction is very easy to advise, very difficult to do. Possibly, it might be well to counsel these cardiopathics to prepare for marriage by first undergoing Battey's operation. But when the wife is not sterilized in advance, a similar proposition might be made to the husband; and in the day when our gentle sisters become professors of diseases of the male sexual organs, possibly normal orchidectomy may occupy as important a place in the surgical therapeutics of man as normal ovariotomy now does in the diseases of woman.

However, we are not sanguine that either plan of treatment for the prevention of pregnancy will be adopted; but we are inclined to think that germicide solutions may continue to be in demand by cardiopathic wives."

The Cochlea (Retrospect British Medical Journal).—We may here mention the result of Dr. B. Baginsky's experiments on the functions of the cochlea. He finds that a dog can only hear high notes when the base of the cochlea is destroyed. This leads to the conclusion that the cochlea is an organ by means of which differences of pitch are appreciated within certain limits.

The Spinal Cord (Retrospect British Medical Journal).—In Brain for April, 1884, we find embodied the results obtained by Ferrier on section of the spinal cord at the level of the seventh or eighth cervical nerve. The only point to be noted here is that muscular sense is not destroyed on the side injured, as stated by Brown-Sequard, but, like other senses, on the opposite side.

In investigating the functions of the spinal cord in the lumbar region, Professors Ehrlich and Brieger (Zeitschr. f. Klin. Med., Band vi, 1884), adopted the method of cutting off the blood-snpply by ligature of the aorta, thus extending Stenson's experiment. In this manner they caused necrosis of grey matter in the lumbar region, and confirmed the view that the grey matter might be destroyed without affecting the conducting tracts. When the ligature remained for more than an hour, lasting paralysis, both motor and sensory, of the bladder, rectum, aad hinder extremities ensued. After the twelfth day, tonic contraction of the flexors set in, causing fixation of joints. Up to this period the muscles remained both electrically and mechanically excitable, whereas excitability of nerve totally disappeared in three or four days. The post mortem changes found in an animal six and a half weeks after the operation were: acute diffuse myelitis, the bladder dilated, and its walls hypertrophied. In the first days after the operation, deep-seated changes were found in the grey substance, which at the end of a week was completely replaced by cellular connective tissue. Extensive degenerative changes occurred in the antero-lateral columns, while the posterior columns remained intact. The authors conclude that degeneration of nerves of sensibility cannot be referred to lesions in the posterior columns, and that supposed trophic centres cannot be situated in the lumbar portion of the cord.

Dr. J. Singer (Sitzungsber. der Akad. der Wissenschaft. in Wien.), in his researches on the motor function of the spinal cord in pigeons, finds that co-ordinated movements, such as alternate contractions and extensions of the limbs as in running, movements of the tail feathers in equilibration, etc., can be performed after section of the spinal cord at the

junction of the dorsal and lumbar regions. Dr. Singer points out that the alternate rhythmical contractions of the limbs, amounting in some to 120 per minute, are probably peculiar to birds which have a running gait like pigeons, whereas thrushes, blackbirds, and all such as have a hopping gait, would have a different mechanism. In conclusion, he dwells on the independence of the lumbar cord, and inclines to Volkmann and Schroeder's views that the centre of co-ordination is situated in the cord, and not in the cerebellum.

Gall Stones Again.—Surgical measures are justly occupying the attention of medical men, in order to alleviate the excruciating pain associated with the presence of gall stones. We have in previous issues given items of one case sucessfully operated upon in Chicago, and now another occurs in the practice of another physician which will contribute further towards the determination of what should be done in such cases. The case in question was a woman fifty-seven years of age; she had suffered for five or six years at least from severe intermittent pain in the region of the liver, had passed through the hands of many physicians and through pain, want of rest, inappropriation of food had become greatly emaciated. She was jaundiced, suffering greatly from vomiting and exhibited tenderness over the region of the liver radiating apparently from the gall bladder as a center, but no gall bladder could be felt. This case came recently into the hands of Dr. R. G. Bogue, and he would have operated but that the patient was so nearly in the arms of death that the operation did not seem to him justifiable.

The post mortem examination revealed six gall stones, each about the size of a filbert, impacted in the common duct. The gall bladder was found atrophied and the cystic duct obliterated. This atrophied condition of the gall bladder Dr. Bogue informs us he has seen on several occasions before associated with a previous history of hepatic trouble. The condition is a matter of greatest importance in determining what to do in a given case. In Dr. William A. Byrd's article already published in the Review we read: "There remains another method of deciding certainly the presence of biliary calculi, and that is by exploring the gall bladder with a fine aspirator needle or other slender instrument." In this case the exploration of the gall bladder would have given negative results. In conversation with Dr. Bogue relative to what plan he would have adopted had he in the course of an operation found the condition which he described, he expressed himself in favor of stitching the peritoneal surfaces of the distended common duct together, after incission and extraction of the calculi, expecting union to take place rapidly and not interfere with the passage of the bile. We question, however, whether the history of the cases published do not show that an external exit for the bile is necessary.

Tumors Removed from the Brain.—The extensive study associated with the localization of the various functional centres of the brain, has yielded its first fruits. Mr. Godlee, has under the direction of Dr. Hughes Bennet, removed a tumor, the size of a walnut, from the brain. The operation was performed in the hospital for epilepsy and paralysis in Regent's Park, London, England. The patient, it appears, is convalescent, and has at no time exhibited symptoms giving any anxiety.

Since writing the above we hear the patient died. We shall look for and present the autopsy record to our readers.

Patellar Reflex (Retrospect British Medical Journal.)—Jaroschewsky (Vratsch, 1884, No. 3), referring to the close relationship existing between the sensibility of the skin and the patellar phenomenon, points out that absence of the jerk is by no means conclusive evidence of disease in the posterior column, as impaired sensibility of the skin may arise from many causes.

Rosenhain (Jnang. Diss., Berlin, 1884),

finds the latent period of patellar reflex never less than .025 second, a result reconcilable with its reflex character. Orschonski (Vratsch, 1884, No. 31), on the other hand, inclines to the view that the patellar phenomenon is not reflex in nature, but dependent on the state of tonicity of the muscle, basing his argument on experimental evidence, that work first increases, and subsequently decreases, the amount of the patellar phenomenon.

Difference in Action of Nerves (Retrospect British Medical Journal).—Rosenthal, in an article entitled "Specific Energy of Nerves" (Biolog. Centralb.),traces the difference in action of different nerves not to any inherent properties of the nerve-fibres, but to the character of the organs with which they are connected; that is, whether muscular, glandular, or nervous. He is not satisfied with the classification of nerves into centripetal and centrifugal groups, because nerves of inhibition are connected at the periphery with organs of a central nature. Hence, he calls them intercentral, and classes them with fibres joining different parts within the central nervous system.

Treatment of Acute Nephritis.—The Medical Record, in discussing the treatment adopted for acute Bright's disease, justly sustains the American practice and pays a handsome tribute to the English therapeutists. It says:

Coming to this side of the Atlantic, we find that the latest expression of American views upon the treatment of nephritis differs from that of the Vienna clinician. In Professor A. L. Loomis' recent treatise on "Practical Medicine," the author reviews this subject of treatment by diaphoretics and hydragogue cathartics. He states that he has been convinced for some years that the depurative method was wrong, and gives as the three indications: the elimination of urea and its allies, the removal of inflammatory products from the tubules, and the counteraction of the effect of urea and its waste products upon the nervous system. For this purpose the patient is put in bed, frequent dry cups are applied over the loins, and infusion of digitalis is given internally. This may be supplemented with acetate of potassium, spirits of nitrous ether, or some other mild diuretic. The bowels are of course kept open, and the skin moist. If severe uremic symptoms appear, hydragogue cathartics and hot-air baths may be temporarily resorted to. Milk should be the only article of diet, and water is the best diuretic.

The view taken as to the utility of digitalis and the potash salts in nephritis, is sustained by the clinical experience of nearly all English observers from the time of Bright.

We believe that it is no national prejudice, therefore, which makes us express the decided opinion that Americans are in advance of the Vienna physicians in the practical management of acute nephritis. But both Germany and America must pay tribute to the scientific acumen and practical sense of the English in this branch of therapeutics.

Vaso-Motor Nerves (Retrospect British Medical Journal).—From investigations into the action of vaso-motor nerves, chiefly conducted by plethysmographic records of change in volume of different organs, B. von Anrep and N. Cybulski (St. Peters. med. Wochensch., No. 20 1884) arrived at the following conclusions: 1. There is no analogy between the vaso-dilatators and the pneumogastric nerves, because the former are unaffected by large doses of atropia, they have not the overpowering effect of vagus stimulation, and a certain height of blood-pressure is essential to their action. 1. There is no appreciable difference between the two kinds of vaso-motor nerves, the latent period being the same for both and the changes of calibre produced by either set with equal stimulus being equal. The authors thus infer the existence of two distinct neuromuscular mechanisms in the vessel-walls, and incline to Ebner's view, that dilatation follows contraction of longitudinal fibres, blood-pressure then coming into play, and extending the vessel-

walls laterally to compensate for decrease in length.

Electric Stimulation of Nervous Centres and Nerves (Retrospect British Medical Journal).—With reference to the effect of electrical stimulation of the vaso-motor centres in the brain, spinal cord, and cutis, Feinberg finds (Centralbl. f. Medicinische Wissenschaften, No. 19,1884) that, in the dog, stimulation of the skull produces contralateral constriction of the arterioles and fall of temperature in the extremities. The temperature may remain low for three, four, or even fifteen minutes, after which it arises again and often exceeds its original height. If the grey substance of the cord be stimulated, fall of temperate in all the extremities results, and the application of the electrodes between the third and eleventh dorsal vertebræ is followed by changes of circulation in the liver and kidneys, and hyperæmia of those organs. Cutaneous stimulation produces first contraction, then dilatation of the vessels of the brain and extremities. In man, results are different in some respects, for instance, unilateral stimulation of skull produces dilatalion of the vessels of the brain, as well of those of the extremities.

T. Lauder Brunton (Journal of Physiology, vol. v, No. 1) points out that rhythmical contraction of the arterioles twenty hours after death must be an inherent property of involuntary fibres, because by that time the functional activity of the nerve is gone. Besides rhythmical contractions of the arterioles due to cardiac pulse and respiratory movements, he describes a third set occurring about once in thirty seconds, but varying within considsiderable limits; this he calls a capillary pulse.

The result of Du Bois-Reymond's researches on the physiology of nerve and muscle, extending over a period of forty years, and embodied in the first volume of his Archives for 1884, do not appear to have been received with that implicit faith which the name and experience of the author might have been expected to warrant. Thus, with regard to the different after-currents in muscle and nerve, both Hering (Sitzungsber. der Koenig. Akad der. Wissenschaften, vol. lxxxviii) and Herman (Centralblatt für Neurologie, No. 9, 1884) deny the existence of an internal polarization current analogous to that produced by a cylinder of charcoal steeped in dilute sulphuric acid,and described as such by Du Bois-Reymond. The current observed is due, according to these authors, to changes taking place at the points where the polarizing current enters or leaves the muscle-substance.

In order to explain the combined galvanic phenomena in nerve and muscle, Kromann lays down the following four propositions, in opposition to Du Bois-Reymond's views as to molecular change. 1. By partial death in its continuity protoplasm becomes electrically negative to the uninjured portion. 2. Protoplasm is, by partial stimulation in its continuity, negatively electrified towards the unchanged part. 3. Protoplasm is rendered positive by warming, negative by cooling towards the unchanged part. 4. Protoplasm is highly polarizable on its surface, the polarization constant is lessened by stimulation and death.

In answer to Du Bois-Reymond's statement, that after tetanisation of nerve, the needle of the multiplier only returns more or less incompletely to its original position, Hering (Sitzungsber. der K. Akad. der Wissensch., vol. lxxxix) points out that, in carefully conducted experiments with moderate currents, the needle not only returns to its original position, but actually passes beyond it, giving rise to what he calls positive after deviation, this amounting in rare cases to half the amount of negative variation.

P. Grützner (Pflueger's Archiv., Band xxxiii, p. 357) attributes the contraction produced on break of current not to cessation of the passage of a current through the needle, but to a polarization current, the circuit of which is completed when the polarizing current is opened. On this ground, he explains the increased excitability of nerve and muscle for currents opposed to polarizing cur-

rent and decreased excitability for currents in the same direction.

Rate of Tetanic Rhythm in Muscle (Retrospect British Medical Journal).—After mentioning the various methods which had been adopted to arrive at the normal rate of tetanic rhythm in muscle, Professor Schafer (College of Surgeons, June 6, 1884) demonstrated that, by means of pressing with the thumb on the button of a Marey's tambour connected with a recording surface traveling at a tolerably high speed a series of waves could be traced—not very distinctly but sufficiently so as to be distinguishable. In this manner, he counted twelve or thirteen waves per second, which might be regarded as the normal rate of tetanic rhythm. Profer Schafer pointed out that, if the cerebral cortex or the spinal cord were stimulated, the rate of the contractions produced was independent of the rate of stimulation; but, if a motor nerve were stimulated, the rate of the tetanic rhythm was the same as the rate of stimulation. Moreover, the muscle-curve produced by excitation of the cord was similar to that produced by spontaneous impulse. Attention was also drawn to the widely varying minimum rate of excitation necessary to cause contraction of muscle in different animals. For instance, two shocks per second were sufficient to produce tetanic contraction of the muscle of the tortoise; whereas the minimum number of stimuli necessary to produce tetanic contraction in man was twenty per second. In insects it was much higher.

Treatment of Parotid Fistula by the Injection of Fat or Oil.—Dr. Molliere, of Lyons, France, has resorted to an ingenious device, employed by experimental physiologists, in order to cure an external fistulous opening. associated with one lobe of the parotid gland. His patient was a girl of sixteen, who had submitted to a plastic operation. Dr. M. first dilated the duct of Steno, and reduced the fistulous discharge as much as possible, and then resorted to the plan employed by Claude Bernard for the arrestation of the pancreatic secretion. For this purpose Claude Bernard, according to the Revue Medicale, injected melted tallow or butter into the pancreas by the canal of Wirsung, and, succeeding in this way in destroying the functional activity of the gland, he also demonstrated the possibility of destroying the activity of the parotid gland in a similar way. To utilize this principle, Dr. M. injected carbolized oil into the fistulous tract, and although his first effort was not successful, his second attempt, which was preceded by a dilatation of the fistulous opening, accomplished the desired object, and the wound healed rapidly of itself.

Changes in the Pancreas-cells under Stimulation (Retrospect British Medical Journal).—In Du Bois-Reymond's Archiv., Nos. 4 and 5 for 1883, we find an interesting account by Masanori Ogata of the changes taking place in the pancreas-cells when stimulated either by presence of food in the intestine, by pilocarpin, or by stimulation of the medulla oblongata. When at rest, the outer part of the cell is well defined; the inner part is filled with zymogen. In the nucleus the membrane is distinct, and the nuclear reticulum is very fine. Two kinds of nucleoli may be seen, the additional one staining like zymogen with eosin, but not with logwood, being termed by Ogata the plasmosoma. Commencing activity of the cell is marked by the appearance outside the nucleus of a semilunar structure, larger than the plasmosoma, and called the accessory nucleus. During activity, the cells differ greatly in different parts of glands, all parts of which are not equally involved at the same time. The changes affect the shape of the cell in proportion to the amount of zymogen thrown off. By degrees, the accessory nucleus (Nebenkern) becomes more conspicuous and foliated, forming finally a complete gland-cell within the old one. Thus the old cells of the gland are gradually thrust aside, and finally disappear. Ogata

found the number of accessory nuclei proportionate to the strength of the stimulus; also that pilocarpin caused a very rapid renewal of cells, accessory nuclei being formed two hours after the introduction of pilocarpin. The results obtained by food and the stimulation of the medulla oblongata were not so marked. Ogata concludes by pointing out that only a portion of the aceessory nucleus goes to form the new cell, the remainder breaking up into zymogen-granules; moreover, that the ultimate object of the accessory nucleus is to form zymogen, the formation of a new cell being only an auxiliary process towards that end.

The care and perspicuity with which Ogata has worked out this as well as other physiological problems point to him as the right man to found a school of physiology in Japan. In future,we shall anxiously look for the results of his labors in the newly established physiological laboratory at Jeddo.

Instrument Handles.—We find from the "Annals of Surgery"that Geo. Tiemann & Co. have adopted the plan of vulcanizing rubber onto the shanks of surgical instruments, claiming thereby to furnish a handle with a better finish, void of crevices for the harboring of dirt, and without danger of the shank becoming loose. We hope these promises will be realized, as it often happens that the ivory handles apparently form a different expansibility of the steel, and the ivory frequently splits.

Absorption of Fat by the Small Intestine (Retrospect British Medical Journal.)—With regard to this, Zawarykin (Pflüger's Archiv, November, 1884, p. 148) and Schafer (College of Surgeons, June 9, 1884) regard the leucocytes as most active in the absorption and assimilation of fat, for which they appear to have a specific appetite. But with regard to the share taken by the epithelium-cells, there appears to be some difference of opinion,Zawarykin inclining to Watney's view of absorption of fat by a reticulum similar to and continuous with that of Peyer's patches, the cylindrical epithelium covering the villi taking no share in it whatever.

Formation of Fat (Retrospect British Medical Journal).—J. Munk (Virchow's Archiv, Band xcv, p. 409) found that a dog fed, on rape-seed oil formed a well marked panniculus adiposus both in the thorax and the abdomen, but that fat so formed was abnormal, being fluid at the temperature of the room, and consisting of 82.4 per cent oily acids and 12.5 per cent of solid fatty acids. But if the dog were fed on fatty acids from mutton-suet, a panniculus adiposus was formed consisting of white hard fat, which commenced to melt at 41° Cent., became fluid at 46°, and hardened again at 39°. This fat consisted of three parts mutton to one part dog's fat. Of the total weight of the liver, one-third consisted of fat. Hence he concludes that fat may be formed from fatty acids combining with glycerine in the body, and that the process probably takes place in the lymph-cells of the intestine.

Influence of Ether and Chloroform, when used as Anesthetics on the Renal Secretions.—M. Terrier and M. Papin, according to the Revue Medicale, presented a note to the Surgical Society of Paris, embracing two series of observations relative to the influence of chloroform in causing albumen to appear in the urine. In the report of the above journal the relative numerical proportion in which the albumen was found in the urine, after the anesthetie and before the operation, and after both the anesthesia and operation, does not appear clear, but it is evident that these observers have found albumen to present itself in the urine after chloroformation, and its influence seems to be due to the anesthetic, and not to the operation. These observations are very important, especially in connection with any examination of the urine of patients who may have succumbed under the influence of an anesthetic. Still further interest is associated with the observations in connection with the statements made by Lawson Tait, in his report of a

thousand cases of abdominal section, in which he says: "I was not, however, very long in discovering that ether has special risks for people with a tendency to bronchitis; and later on I discovered, and have already published the fact, that during the administration of ether the secretion of urine is completely arrested. It was subsequently very forcibly impressed on me that for patients with damaged kidneys ether is a dangerous anesthetic, and although I cannot say that I have seen any fatal results arising from this peculiarity of its action, I certainly have had abundant cause to fear it." Further on in the same report Lawson Tait expresses his preference for two parts ether and one part chloroform, given by means of Clover's inhaler. Later on he adds: "It (this mixture) has no effect in arresting the secretion of urine, and on the whole I am far better pleased with it than any other" (anesthetic). These statements, both from France and England, require corroboration,and any interne who has charge of the anesthetic during a given term in any of our hospitals, could contribute valuable information to the profession by a further investigation, associated with all the necessary scrupulous precautions which can only be carried out in a hospital. This statement of Lawson Tait, that "for patients with damaged kidneys ether is a dangerous anesthetic," associated with a statement made by the lecturer on anesthetics at Charing Cross hospital, to which we referred in the issue of January 3, will make us more than usually interested in the narration of facts on which personal opinions can be founded.

Sugar in the Blood (Retrospect British Medical Journal).–With regard to the amount of sugar in the blood, J. Seeger (Pflüger's Archiv, Band xxxiv, p. 388) finds about one-tenth per cent in arterial and venous blood. He finds less in the portal vein than in the carotid artery, and more in the hepatic vein than in the portal vein. Thus he estimates that the proportion of sugar in the blood is raised from 15 per cent to 23 per cent in the liver and points to the large quantity of sugar which must be daily brought into the general circulation. When the aorta and vena cava are ligated so as to isolate the liver, the proportion of sugar in the carotid quickly decreases, so as only to amount to one-half or one-third of its original amount.

Poisonous Effects of Urea (Retrospect British Medical Journal).-Messrs.Gréhaut and Quinquaud (Journal de l'Anat. et de la Physiologie,No. 5) draw attention to the poisonous nature of urea when injected under the skin or directly into the circulation; they also find that urine thus administered is more poisonous than an aqueous solution of urea of equal strengh. The experiments were made on frogs, rabbits and guinea-pigs, and the phenomena were very similar to those of strychnia-poisoning.

Circular Wards in Hospitals.—In the London correspondence of the Boston Medical and Surgical Journal is published an interesting account of the opening of the Miller Memorial Hospital at Greenwich, from which one is led to believe that the circular ward will figure largely in hospital history in the future. We publish below the description of the hospital with the remarks of Sir Andrew Clark:

"The Miller Memorial Hospital, which is necessarily of modest dimensions, may be briefly described. The plan includes a central administrative block, complete with its various offices. At either end, a circular-ward tower,though only one such has at present been constructed. This ward tower contains a ground and first-floor ward, each thirty-five feet in diameter, designed to accommodate ten beds, each of which will thus have ninety-six feet of free floor space, ten feet of wall space, and 1,128 feet of cubic space; the height from floor to ceiling being twelve feet. A slightly greater allowance per bed obtains in the upper ward, where the wall thickness is less. There are eight windows in each, giving the proportion of one foot of glass to every seventy-three feet of cubic space. Three hot-air ventilating boyds

are arranged in the centre of the ward, around an equilateral triangle with each angle truncated; the separate smoke-flues are partitioned by thin metal from the up-cast ventilating-shaft, wherein a current is assisted by the proximity of the warm smokestacks. The floor boards are rendered impervious by the paraffin process. All the angles in floors, ceilings, windows, and doors, are rounded, and no mouldings of any kind are used in the wards. The necessary ward offices are in a projecting building cut off from the ward air by a cross-ventilated lobby. The construction throughout has been fire-proof, and the drainage on the most approved principles. The total cost of the building has been £3,842, or about £160 per bed. This cost per bed, however, will be materially reduced when the second ward tower is constructed. It is noteworthy that the actual cost has come rather within the estimated outlay. The architect does not claim the hospital to be a fair example of the many advantages afforded by the circular system of wards, but as clear evidence that circular wards can be successfully planned on a site where no commendable rectangular ward would be possible.

The circular form in itself is of pleasing appearance, and the lighting has the effect of being much greater, in proportion to the ward, than it really is.

Sir Andrew Clark furnished the following most interesting data upon the subject under debate. His thoughts were turned to the feasibility and desirability of circular hospital wards by the earnest suggestions of Dr. McKenna, a Scotchman, practicing in Melbourne, who, in 1854, was interested in urging the adoption of circular wards in the design for a hospital then in contemplation at Melbourne. Dr. McKenna's advocacy of circular wards had been suggested by his clinical observations during an extended medical and surgical experience amidst the sick and wounded of the rival factions contending in rebellion in South America. There he treated his sick and wounded in the convents and convent-churches of the country. The convent-rooms, his wards, were roomy but rectangular; the convent-churches were invariably circular and domed. In the former his cases did badly; in the latter they fared marvelously well. Comparable cases occurring simultaneously differed so much in their progress, according to whether they were warded in rooms or churches, that he became convinced of the structural superiority of the latter for hospital purposes, and was unable to trace the difference to any factor other than the circular shape and domed roof of the churches.

Pondering on Dr. McKenna's experience, Sir Andrew Clark investigated the relative sickness per individual bed in rectangular barrack-rooms. As a result, he was led to abolish corner-beds, as these showed an unquestionably excessive sick rate. Sir Andrew Clark was in Rome during the war of liberation, and, finding very large numbers of the sick and wounded quartered in the Pantheon, he immediately bethought him of shrewd McKenna's teaching. At such a time it was difficult to attain accurate statistics; however, the able and patriotic physician whom Italy highly honored expressed himself as surprised and satisfied with the progress made by cases under treatment in the Pantheon.

Regarding the ventilation of domed circular rooms, Sir Andrew Clark had a curious accidental experience. When visiting the Taj Mahal, that splendid domed circular tomb at Delhi, with a large party, in the hot weather, he left fall from his card-case a slip of tissue-paper which, much to his surprise, he presently saw floating steadily upward toward the centre of the dome. This phenomenon he noticed repeatedly when he subsequently tried the same experiment in various parts of the large circular-domed temple at Calcutta. He was convinced of the fact of a natural air current setting upward in the midst of such shaped chambers, but was completely at a loss to find an hypothesis in explanation. At the present time he is constructing two military hospitals with circular wards, one at Milton, the other at Seaforth. The situation and circumstances of the latter

would be such that there would be every opportunity for giving facilities, such as Dr. George Buchanan had coveted for the purpose of carrying out experiments with a view to devising a system of automatic hospital-ward ventilation, such as had proved invariably impractiable in rectangular wards, but such as there was now reasonable ground for supposing might prove applicable to circular wards.

Diffusibility of Egg-Albumen (Retrospect British Medical Journal).—The results of E. v. Regeczy's experiments on the diffusibility of egg-albumen (Centralblatt. für der Med. Wiss., No. 47) may be thus briefly stated. 1. Egg-albumen diffuses more readily when opposed to salt solutions than when opposed to distilled water; the stronger the salt solution, the more readily it diffuses. 2. It diffuses more readily from weak solutions. 3. If salt is mixed with egg-albumen, the latter diffuses less readily in distilled water. 4. From salty mixtures, the salt first diffuses; and when the difference in specific gravity has arrived at a certain point on both sides of the membrane, the albumen commences to diffuse. 5. Opposed to salt solutions, egg-albumen passes through a membrane which it would not do if opposed to distilled water. 6. Pressure on the side of the albumen helps diffusion. Based on these phenomena, the author explains the passage of egg-albumen into the urine without destroying the renal epithelium.

Fibrin-Ferment (Retrospect British Medical Journal).—In the Proceedings of the Royal Society, vol. xxxvi, we find an account by Michael Foster of L. C. Woolridge's recent investigations into the formation of fibrin-ferment. Wooldridge fouud that fibrin-ferment does not exist in plasma diluted with an equal bulk of ten per cent saline solution, but when this is diluted with distilled water, fibrin-ferment at once appears. His method of investigation was to treat with alcohol both the plasma containing an equal bulk of 10 per cent salt solution and the diluted portion, and to make an aqueous extract of both. He then tested a solution of magnesium sulphate plasma with each of these extracts separately, and found coagulation to take place when the aqueous extract of the diluted plasma was used, but not when that of the undiluted plasma was employed. Moreover, he found that, when ferment was added to the undiluted plasma, coagulation took place. Further, he points out that lecithin causes a coagulation of peptone plasma; hence he concludes thatfibrin-ferment does not exist in normal plasma, but may make its appearance in the absence of cellular elements.

Sensitiveness to Heat (Retrospect British Medical Journal).—We find in the Journal of Physiology (vol. v, p. 143), an account of S. Pollitzer's investigations as to the relative sensitiveness of different parts to heat. His results may be embodied in five propositions. 1. The relative sensitiveness to heat in different parts is not the same in different individuals. 2. It differs much less in the same individual than the sensitiveness to pressure or power of localization; the greatest difference for heat being 3 to 1, for pressure 5 to 1, for localization 60 to 1. 3. The parts in which the other cutaneous senses are most acute are not the same as those in which there is greatest sensitiveness to heat. 4. Of parts examined, the tip of the index finger was found least sensitive to heat; in other parts, where the sense of locality was from five to thirty times as dull, the thermal sense was two or three times as acute. 5. Thermal sensitiveness bears no relation to thickness of epidermis.

—Harvey as a Student of Nature.—In the Harveian oration for this year Dr. Reynolds lays stress upon the fact that Harvey was always studying and seeking to interpret nature. "He was one of her keenest and most devout interpreters; in reverence he knelt before her, and asked her questions; he cross-examined her, but in no unfriendly tone. Nature to him was a perfect verity, the one witness that could never be absorbed or shaken, the one witness in whom there could be no false way, the witness who could not lie And by such a method only must science ever be advanced; it is thus that great discoveries are to be achieved, thus that we must seek to leave our footsteps on the sands of Time." Med. Record.

CONTRIBUTIONS.

A RARE CASE OF FRACTURE OF THE RIGHT TRANSVERSE PROCESS OF THE ATLAS.

REPORTED BY L. C. ARMSTRONG, M. D., TAYLORVILLE, ILLS.

H., an American, aged 32 years, while attending a political meeting on the night of October 30, 1884, accidentally fell into an altercation with an individual, and friends standing by interfered and prevented any serious occurrence at that instant. He moved on through a densely crowded street and had gone about 150 feet when he was overtaken by his pursuing antagonist coming up from behind with a heavy bludgeon, generally supposed to be a base ball bat or a wagon spoke, with which he struck him a violent blow, felling him instantly to the ground.

I was at once called to the dying man, and my office being located not exceeding 175 feet from the occurrence, I reached him within forty seconds after he was struck; there was no respiration after I reached him, the pupils of the eyes were widely dilated, and the pulse ceased beating within one minute and fifteen seconds after receiving the blow.

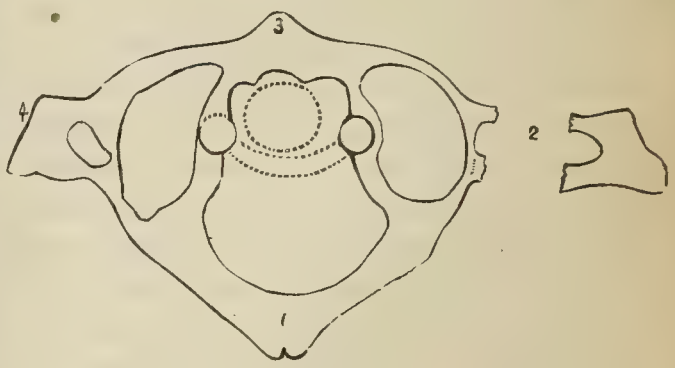
On manipulating the head I was satisfied at the time that the neck had been dislocated. Immediately after death the body was removed to the house of a friend.

On the following morning I was requested by the Prosecuting Attorney of the County to hold a post-mortem on the body of the deceased, and at nine o'clock, together with two assistants, I proceeded to the room where the body had been kept over night. On a thorough examination of the body there were no perceptible marks of violence. But it was evident to all the physicians present that the atlas or axis had been dislocated, and we at once proceeded with the autopsy.

In order to reach the dislocated vertebra a vertical incision was made, beginning at the spinous process of the seventh cervical vertebra, and extending to the occipital protuberance. Also tranverse incisions were made, beginning at the spinous process of the fourth cervical vertebra and extending on each side to the posterior border of the sterno-cleido-mastoides muscles, which enabled us to reflect the four quadrangular flaps, formed by these incisions exposing the muscles in this region.

On dividing the integument, superficial and deep fascia, all appeared perfectly natural; but when the muscles were detached from the occiput and processes of the upper vertebræ, an unusual amount of semi-fluid blood was discovered. Without doubt this unusual quantity of semi-fluid blood in this particular locality was due to the rupture of the vertebral vein, as will doubtless be perceived in a further description of this case.

After removing by absorption with sponges the blood which obstructed the vision, we proceeded to examine the vertebræ, and their ligaments, and taking hold of the spinous process of the second cervical vertebra, at the same time taking hold of the posterior arch of the atlas and manipulating the second cervical vertebra, it was readily perceived from the extensive movement possible between these vertebræ that there was a stretching of the atlo-axoid ligaments, sufficient to permit displacement, which had compressed the cord so as to entirely destroy the functions of the phrenic nerve.



1. Anterior Arch.
2. Right transverse process.
3. Posterior arch.
4. Left transverse process.

But in order to more perfectly understand the injury done these parts, the atlas and axis were removed by dividing the ligaments and disarticulating them from their connectives. After the removal of the atlas and axis, on close examination it was discovered by manipulating the right transverse process of the atlas that it was completely fractured at it base. This process was held in its natural position by the ligaments, but on the removal of the ligaments it was found to be completely separated from the body of the vertebra, as will be seen from the annexed cut.

As stated, H. was walking at the time he received the blow, the party who struck the blow approached from behind and struck a violent blow with some kind of instrument,

supposed to be a base ball bat or wagon spoke, by parties near the occurrence. Evidently in striking this blow the stroke was upwards and lateral, and the instrument must have been round or oval with a smooth surface, otherwise there would have been more or less abrasion of the skin.

This case is a most remarkable one on account of its extreme rarity and the almost inexplicable manner in which the fracture was produced. Dr. Hamilton in his "Work on Fractures and Dislocations," reports only a single case of fracture of the transverse process of the atlas, and this fracture resulted from a gun-shot wound.

It is not difficult to perceive how this fracture might occur in various ways from gun-shot wounds, but it is most difficult to perceive just how this fracture was produced by a blow struck at random with any kind of instrument, and a fracture of this process doubtless would not occur again in a thousand similar cases of dislocation of the vertebræ in this region.

Among the thousands of recorded fractures so widely differing in their ever varying peculiarities and extreme rarities this extraordinary case seems to exist without a parallel in their multitudinous record.

EXSECTION OF THE ENTIRE RADIUS

DR. H. J. B. WRIGHT, OLNEY, ILL.

(Read before the Mississippi Valley Medical Society, September, 1884.)

From the resources accessible to me I learn the operation for the removal of the entire radius is seldom performed.

The medical and surgical history of the late war shows that gun-shot and shell injuries to the radius of sufficient magnitude to require the removal of this bone in its entirety have also generally done such damage to the ulna as to render amputation of the forearm advisable.

Ostitis, necrosis and caries are rarely found to involve all of any long bone, therefore the removal of a portion of the bone generally suffices to cure the disease. These conditions and not the difficulties of the operation have made the removal of the entire radius an unusual procedure.

My case is a twelve-year old lad of previous good health. In July of 1883, he received a slight injury to his right forearm by falling a short distance. In September he suffered severely with erysipelas of this arm. Before leaving his bed it became necessary to open an abscess near the wrist and another near the elbow. In December, 1883, it became apparent we had diseased bone to contand with, and, assisted by Dr. T.H. Johnson, I removed a small portion of the compact structure of the radius at its distal extremity without materially interfering with the articulation. A few weeks later we exsected two and a half inches of the proximal end of the bone, disarticulating at the elbow. We found the bone soft and much enlarged.

In February, 1884, I removed all the remaining portion of the radius, which extended from two and a half inches below the elbow to the wrist. During the exsection of the portion at the elbow the hemorrhage was alarming. It was caused by a longitudinal incision in the radial artery. The loss of blood during the last operation was inconsiderable. This bone was so soft throughout its entire length that a knife could be thrust through it very easily. It was also much enlarged, but the periostium was only locally diseased and nearly all of it was left in the forearm.

After a few days the limb was placed in a wire splint the distal extremity of which gave support to the hand and kept it in line with the forearm as completely as possible, there being from the first a marked tendency to displacement. The photographs which I show you will convey a very accurate knowledge of the kind and degree of deformity now remaining. The pictures were made five months after the last operation, when the deformity had probably reached its maximum. The cicatrix running from the proximal extremity of the scar to the ulnar side of the arm is the result of an incision made to open up a long sinus through which pus ran before the operations. You will observe the hand is drawn away from the ulnar side of the forearm to such an extent as to make the radio-carpal extremity of the ulna very prominent, but the lad finds this imperfect hand and forearm infinitely better than a stump made by amputation at any point above the wrist. With this hand he can scratch his head, lift a chair, carry a weight of fifteen pounds, feed himself, open a door and write his name.

This case was under my care about six months, requiring much attention, and both his and my patience was severely taxed. Of course amputation would have disposed of the case in a few weeks, but I am pleased to know exsection of the entire radius was the wiser course. Can nothing be

done for the deformity? The removal of an inch or an inch and a half of the carpal extremity of the ulna would not seriously weaken the wrist, but would it allow the outer side of the hand to approach the elbow? Any suggestions the society may have to offer in solution of these problems will be thankfully received.[1]

1. No discussion on this paper ensued.

SELECTIONS.

THE MEDULLA OBLONGATA IN ITS RELATIONS WITH SEXUAL DISORDER, AND ON LOCAL BLOOD-LETTING AS A MEANS OF TREATMENT.

BY ALEXANDER HARKIN, M. D., F. R. C. S.

Consulting Physician Mater Infirmorum Hospital, Belfast; Ex-President Ulster Medical Society; Membre de la Societe Francaise d'Hygiene.

[From the Practitioner.]

The medulla oblongata, which forms the bond of union between the brain and spinal marrow, has been called by Flourens and his school the nodus vitæ, the middle point, or the centre of the nervous system,[1] the "central nervous system" described by Michael Foster as "that as yet almost unknown territory." [2] Treating of its general anatomy, Erb asserts that "many points, and these perhaps the most important, are still unsettled; of its internal structure very little is known with certainty and accepted by all, and the few facts of this nature may be well described as landmarks in an unknown region."[3]

The physiology of the medulla oblongata is just as imperfect and obscure as its anatomy so that we have not become possessed of any undissputed information on the most elementary aud important facts; we know nothing for instance,of the conduction of sensory impressions, or of the exact position of the chief centres.[4]

At birth, the medulla oblongata is in a much more advanced state of development than the brain; according to Virchow, quoted by Charcot,[5] "the life of the nervous system in the newly-born child is almost exclusively centred in the medulla oblongata and spinal cord, and the child is only capable of instinctive acts of reflex character; suction for example, is totally independent of the will, the volitional centres being then undeveloped. Further, in a lecture delivered before the New York Medical Society, Hammond insists that the seat of instinct is exclusively in the medulla oblongata, its influence being best evidenced in the functions of nutrition and reproduction, the preservation and continuation of the species. In support of his thesis Hammond quotes the case reported by St. Hilaire, of an acephalous monster that sucked, cried and opened and shut its eyes."[1]

A similar case of arrested development occurred within my own experience in 1875. This child survived for seventeen hours, and in the absence of the cerebral hemispheres, cried and swallowed with ease,but for obvious reasons was not applied to the mother's breast; both feet were clubbed, toes of right foot absent, toes of left foot distorted, fingers of left hand webbed, fingers of right hand almost deligated. We know that frogs whose cerebral hemispheres have been removed will execute swimming motions when placed in water or in the prone position, and will croak when stroked on the flank, but if the medulla be removed, leaving only the cord, they execute none of these movements, showing that the sense of instinct so strong in the frog lies in the medulla oblongata. The sexual function in the infant is only in the nascent state and, according to Foster, whatever the nascent period, each centre requires external stimuli to develop its structural potentialities.[2] In the words of Dr. Parsons, in the discussion on Hammond's paper, "The sexual instinct does not exist in the fetus or in the earlier years of infancy, but, as soon as the ovaries or testes begin to develop reproductive functions, the higher centres, which had only hitherto posessed the sexual instinct in potentiality, begin to exercise the functions or to develop the force in reality; but as soon as the reproductive or coordinating instinct was developed in the higher centres, these higher centres also became the originators of the force. The sexual instinct has its origin, not alone in the nerve centres or in the reproductive organs, but in both of them."[1]

While the existence of centres in the medulla oblongata for reflex functions, for car-

1. Van der Kolk, On the Medulla Oblongata, p. 87.

2. Michael Foster, "Address on Physiology," British Medical Journal, vol. ii. 1880, p. 285.

3. Erb, "On Medulla Oblongata," Ziemssen, vol. xiii. pp. 825-832.

4. Op. cit. p. 852.

5. Charcot, "Localization of Cerebral and Spinal Diseases," p. 160.

1. Journal of Nervous and Mental Disease, New York, January, 1883, p. 67.

2. Foster's Text-Book of Physiology.

dio-inhibitory, for respiratory, for convulsive and other centres is universally recognized, their relative positions are but matters of conjecture. They have no lines of demarcation; on the contrary, they often meet at many points, and, so to speak, overlap one another. It is thus that the normal expiratory division of the respiratory centre is connected by the closest ties with the convulsive centre. Although its existence has not so far been demonstrated, I am satisfied that a centre for the genital or reproductive functions may logically be inferred to exist in the medulla oblongata. On this point Van der Kolk writes: "The close relation between the medulla oblongata and the action of the genital organs is generally received by physiologists. Let it suffice to call to mind the oocurrence of erection and emission in persons hanged, how the sexual action is exalted in idiopathic mania with irritation of the brain and medulla oblongata, how frequently after injuries of this part erection and emission, or perhaps impotence, is observed." Killian succeeded in exciting movements in the uterus or tubes of pregnant guinea-pigs by irritating the medulla oblongata; and Eckart has shown that galvanic stimulation of the crura and medulla oblongata in the dog will produce erection, although a similar stimulation of the cerebellum produced no such effect; in rabbits[2] also like effects were produced by electrical stimulation of the pons. The pathology of the medulla oblongata, according to Erb, is still in an undeveloped state[3] and of very varied character; thus it is subject to the hyperemias and capillary dilatations of the encephalon, and to the degenerations, primary and secondary, which prevail in the cord. Besides diseases due to organic lesions, many symptomatic forms of disease owe their origin to morbidly elevated sensibility and irritability of this portion of the neuro-axis, although the primary irritation may often be remote,and have its starting point in the digestive or generative organs. It is thus that convulsive disorders such as epilepsy arise, requiring only increased excitability or congestion of the medulla and the peripheral stimulus transmitted from a spinal nerve, from the vagus, or the sympathetic,to initiate a fit. That the proximate cause of epileptic convulsions lies in the pons and medulla oblongata has been abundantly established by "Van der Kolk, Kussmaul and Tenner, Brown-Séquard and Schiff, Reynolds and Eccheveria."[1]

In the etiology of epilepsy and a large class of allied neuroses and neuropathic disorders, sexual excesses hold prominent place, and that they stand in causal relation to many spinal diseases is attested by Romberg, Nasse, Hammond, Salmon, Rosenthal, and Erb.[2] Thus hystero-epilepsy, hysteria, chorea, tabes, neuralgia, chlorosis, leucorrhœa and dysmenorrhœa,spinal irritation,neurasthenia spinalis, abnormal seminal losses with their attendants, onanism and masturbation, may be classified as belonging to the neuropathic constitution; and of this condition Erb thus expresses himself:[3]—"The profound influences exerted upon the nervous system by the genital organs before and after puberty,the great revolution that is effected in the entire organism owing to the awakening of the sexual activity, the extreme irritation of the nervous system from overpowering desire, and the exhaustion from over-frequent or unnatural gratification, are only too fruitful causes of those changes in the nutrition of the nervous system which occasion the neuropathic constitution."

The saying of the older observers that "coitum parvam esse epilepsiam" contains a certain amount of truth; almost every fit of epilepsy terminates with seminal emission, and Nothnagel asserts that it is known that in some individuals the first coitus provokes a seizure, which is subsequently repeated every time; the attacks are not infrequently excited from the direction of the genitals; some women are subject to them quite regularly at the period of menstruation; and I have observed them especially in young girls when the disease declared itself at the same time with the development of puberty."[4]

I have at present under my care two female epileptics who attribute the cause of the attack to the early and continued practice of onanism; and the case of a former epileptic patient now in the Belfast District Lunatic Asylum is remarkable in this, that his wife informed me lately that he had not approached

1. Op. Cit. p. 69.

2. Van der Kolk, On Medulla Oblongata. p. 268.

3 Erb, "Diseases of the Medulla Oblongata," Ziemssen, vol. xiii. p. 863.

1. Nothnagel, "Epilepsy," Ziemssen's Cyclopœdia, vol. xiv, p. 262.

2 Erb, "Diseases of the Spinal Cord," Ziemssen, vol. xiii., p. 148.

3. Erb, Neuralgia in General," Ziemssen, vol. xi. p. 25.

4. Nothnagel, "Epilepsy," Ziemssen, vol. xiv., p. 212.

5. Jolly, "Hysteria" Ziemssen, vol. xiv. p. 532.

her for many years except immediately after the cessation of a convulsive fit.

Closely allied to epilepsy, which they very much resemble in their pathological and etiological relations, stand hystero-epilepsy, and hysteria; the epileptic fit and hysterical seizure have much in common, and frequently cannot be satisfactorily differentiated; the same exciting condition in the brain, according to Jolly, evidently constituting the basis of severe hysterical as of epileptic fits.[5] And although few will accept in its entirety the axiom of Romberg, that "hysteria is a reflex neurosis caused by genital excitement," yet writers such as Jolly include that item in the list of its ordinary causal factors, and refer many attacks besides to uterine displacement and to ovarian troubles; the liability to hysterical seizure at the catamenial period; the bilateral nature of the spasms, so like the crossed or bilateral convulsions of epilepsy; the globus hystericus, which proceeds from the accessory or vagus, imply an irritated condition of the medulla oblongata. Even in the ordinary remedies for both disorders a perfect analogy subsists; the controlling power of cold affusion on the face, shortening the fits by its action on the second and third branches of the trigeminus, through its reflex action on the medulla oblongata, and that remedy so salutary in the case of epilepsy, viz. bromide of potassium, possessing a quieting effect also in hysterical manifestations, through its therapeutic action on the medulla and other nerve centres as it contracts, according to Brown-Séquard, the blood-vessels of the neuro-axis through the vaso-motor nerves, and thus diminishes reflex excitability.

Passing over for the present the other items in the neuropathic group, I think it will not be difficult to demonstrate the existence of a mutual causal relation between a congested condition of the medulla oblongata and that disease denominated "neurasthenia spinalis," and also that of "abnormal seminal losses." To demonstrate on the cadaver the correctness of this statement would be rather difficult, if not impossible, as no one dies directly from the effects of either, and the hyperemias and congestions of the bulb are often of a transitory nature, and do not always present a perfectly satisfactory autopsy; but reasoning from analogy,and taking into account the nature of the macroscopic appearances frequently presented in a disease in the same category, viz. epilepsy, which almost always is allied with, and frequently caused by sexual excesses, we may fairly assume, along with congestion of the medulla common to both during life, the co-existence in its structure of the histological changes found in fatal cases of epilepsy. For example, in a post-mortem on a case of epilepsy recently reported, Dr. Kingsbury found an increase in the cells of the neuroglia of the medulla oblongata through its entire surface, blood-vessels dilated, and the outer walls infiltrated with cellular elements; the ganglion cells swollen and granular,filling up the periganglionic space in the ganglionic tracts and posterior region of the pons and medulla. This patient died in the Philadelphia Hospital.[1]

But although failing of necessity in cada veric demonstration we may still appeal to the results of clinical observation to a pathology founded on the patent phenomena of the disease, and to a plan of treatment in accordance with the pathological view, and withal eminently successful. That this mutual causal relation is in operation we may satisfy ourselves by reviewing the order observed in the development of the phenomena under consideration: how at one time the lower sexual centre situated in the lumbar plexus, stimulated by peripheral irritation of the organs, reacts upon the higher centre in the medulla oblongata; at another the higher centre originates the force and evokes the functions of the lower centre, which in their turn, often independently of the will and while the patient sleeps, (or in those passive diurnal involuntary emissions beyond the control of the sufferer), are in over frequent activity, in the neuropathic constitution. There is thus established a vicious circle of cause and effect, the repeated excitement of the medulla through too frequent irritation of the peripheral ends of the sensory spinal nerves, or by excessive sexual gratification, induces a state of chronic congestion in the organ whose function is to receive these impressions—the medulla itself; and the overeharged organ, yielding to abnormally slight impulses, mental or otherwise, so to speak, explodes and causes in the genital organs the evolution of the ordinary phase of the sexual orgasm. It is thus, too, that nocturnal emissions are so readily induced by lying on the back; the already hyperemic condition of the bulb is increased by an additional afflux of blood due to gravitation in the supine position; the ganglia, so numerous in the medulla, thus excited to action, discharge themselves upon the lower centres, which react on the generative or-

1. See Journal of Nervous and Mental Disease, New York, January, 1883.

gans, and thus these involuntary discharges take place.

To the scientific student the recognition of pathological truths is in itself sufficiently attractive, but to the practical physician their interest lies not in their abstract nature alone, but principally in their successful application to the cure of disease. As my notebook is replete with examples of neuropathic ailments successfully treated on the lines developed in the fore-going part of this paper, I shall select a few typical cases in illustration.

"Neurasthenia Spinalis."

Case I.—Early in the present year I was consulted by a gentleman from a distant university city, who had been suffering for the two previous years, and had been ineffectually treated by men of eminence. He was in a most abject condition, physically and mentally; he suffered from great despondency and timidity, from vertigo, loss of memory and defective vision, affection of speech, shortness of breath, palpitation of the heart, coldness of hands and feet, great weakness in arms and legs, and unsteady gait. He slept badly, had to abandon reading (as it pained him to fix his attention on any given subject), as well as all his professional duties; he complained of severe pain at the poll shooting down the neck; while attempting to describe his symptoms profuse perspiration in large drops broke out over his face and forehead, he startled at the smallest noise, became nervous at the presence of a female, and this or any ordinary excitement made his heart palpitate and an emissio seminis to take place independent of his will; he admitted that his ailments commenced by the practice of masturbation some years previously which were kept up by excessive study; besides the diurnal he suffered from very frequent nocturnal emissions, and these were always succeeded on the next day by racking pains in the head and increased debility. The treatment was simple; at his next visit I applied cupping glasses, wet, to the nape of the neck close to the occiput, abstracting about two ounces of blood. The effect was marvellous; while the blood was flowing he exclained that he was wonderfully relieved, that his sight had improved, that his brain depression had nearly departed, that he felt his spirits and mental powers return, and a complete change in his nervous system. He slept well the following night, and had no return of the emisions, his appetite was restored, and a natural feeling of vigor began to appear in his limbs; I now advised the application, three times daily, of a cold douche to the nape of the neck, and permitted him to read for ten minutes at a time. A week later on I found him walking about, his cheerfulness had returned, and he expressed himself most grateful for the improvement. Suffice it to say that, at the end of the fourth week, all his distressing symptoms had departed, and he left town to resume his ordinary duties in the class-room, restored in mind and body. As a matter of prudence, I advised moderation in study, the continuance of the cold douche, and the use of bromide of potassium and belladonna in regulated doses.

Case II.—Some twelve months since a very pale and attenuated gentleman consulted me for a complication of evils; his manner was highly excited and hysterical, his avocations required great mental application and strain, and the effect of these upon his nervous system, with the commission of the practice of masturbation for a number of years previously, had reduced him to a state of despondency which was maintained by daily and nightly erections and emissions which made his life miserable. The irritability had extended to the bladder, so much so that he could not be absent from home for more than half an hour at a time—the calls were so frequent. His nights were most painful, as he had occasion to rise every hour or so to urinate, and each occasion was accompanied or followed by a semi-erection and an emission; his disgust was such that he remained awake the greater part of the night, if possible to prevent the attacks, and only got a few hours of broken sleep towards morning, when he awoke unrefreshed. He had tried many physicians without effect. I advised the application of the wet pack over over the pubic region for the irritable bladder, and, anemic as he was, I cupped him over the nape, being only able to obtain a small quantity of blood, yet the effect was instantaneous; he was most eloquent in expressing his feeling of relief. His general health speedily improved, he increased many pounds in weight, and for three months had not a single return of the enemy. He then returned to severe study and irreeular meals, and had a slight recurrence of the attack; but a second cupping quite restored his equanimity. He wrote to me from England lately, rejoicing in the complete restoration of mental and bodily health.

Case III. Abnormal Seminal Losses.—A writing clerk had been under my care at intervals for about two years for dyspepsia and delicate lungs, with hemoptysis, night sweats, wasting of the body, restless nights, and nervous debility of hands and feet. On

June 23, 1868, he informed me that he had up till then concealed from me the fact that he had formerly been addicted to masturbation, and that for the previous three years he was afflicted with nocturnal emissions, occurring generally every alternate night, with an occasional interval of a week, only to recur again, and that the attack was generally ushered in by a feeling of fulness and severe pain at the occiput. The feeling of distress at night was so great that he often feared to lie down, and frequently spent the time walking up and down his chamber till morning. He was induced to unburden his mind by the occurrence of a sudden and severe pain, which began at the nape of the neck, shot down the spine and through both legs, leaving him almost paralysed; he at present suffers much pain and nervous excitement at the lower end of the sacrum and loins. June 24, I cupped him to-day in the nape of the neck, taking away about two ounces of blood: during the operation he informed me that already he had experienced great relief from the confusion and headache, and that he felt confident of complete cure. June 29, he stated that he had slept well every night since the cupping was applied, headache much relieved starting and uneasiness of hands and feet much diminished: prescribed a mixture of belladona and bromide of potassium. July 4, fancied on awaking that he had during the night a slight emission. July 7, the uneasiness in hands and feet quite gone, spirits much improved, regaining flesh rapidly, chest much better; no return of hemoptysis. His cure was now complete, and there afterwards appeared in his case what I have often since odserved under similar circumstances—a growth of strong hair, commencing at the poll and proceeding down the neck. The progress of the case was so satisfactory that, after the lapse of a couple of years, acting on my advice, he married: and in the ordinary course, his wife bore him several fine chidren.

It is needless to multiply examples; my case-book contains many as striking as those adduced, differing from one another in some minor circumstances, but all agreeing in the fact of immediate relief by the same simple agency, in the failure of other remedies. In milder cases I rely very much on the effects of bromide of potassium and the extract of belladonna, with cold dashes to the nape; before proceeding to wet-cupping, which in every case is not convenient to adopt, I try the effects of dry cupping, frequently repeated, or of a blister "nuchæ collis."

The salutary influence of this topical remedy was also evidenced in a striking manner, in the restoration of the power of the will in several cases where the victim of spermatorrhea was also a masturbator; it was one of the results for which the patient was most grateful, being thus enabled successfully to resist the odious temptation. This controlling power was established, too, from an unexpected quarter, for in several cases of epileptic convulsions in females due to onanism practiced for many years, the effect of the cupping, while acting as a curative on the principal malady, had simultaneously imparted the long-lost power of self-restraint to the poor invalid. The natural inference from the success of this plan of treatment, is that masturbation or onanism is not in itself merely a symptom, but a distinct form of disease and amenable to treatment on proper principles. On this subject we may quote the testimony of Van der Kolk: "Onanism is commonly considered, and often correctly, to be a cause of epilepsy, but onanism and excitement of the sexual organs are, to a greater degree than is usually supposed, the result of irritation and congestion of the medulla oblongata." And further on: "Although we have seen that onanism is often the result of congestion and irritation of the medulla oblongata, this does not prevent its reacting most unfavorably on epilepsy, and, so long as it continues, rendering the disease wholly incurable; what I have stated holds good with respect to both sexes, for even among females this vice is not so rare as is supposed."[1]

The ordinary treatment of this neurosis is governed by two main ideas, the first aims at ease by invoking the aid of the moral sentiments and the centres of volition in the cerebrum, the other relies on remedies mechanical or otherwise in the direction of the peripheral nerves and the secretory and excretory organs of generation themselves.

The advocates of the first plan advise the sufferer to give up the habit of masturbation, to be cheerful, take plenty of exercise, lie on a hard bed, to apply cold water to the genitals, and other hygienic plans; in the first place, the local application of cold acts not as a sedative, but as an excitant, but how is the influence of the will to be invoked in sleep, when consciousness is in abeyance and sexual instinct in the ascendant; or what controlling power is centred in the will, sufficient to prevent those diurnal pollutions perfectly automatic in their nature for the most part and in direct opposition to the enfeebled will of the

1. Van der Kolk, On Medulla Oblongata, pp. 268 and 276.

sufferer, who so much in this respect resembles the insane, and however anxious to give up the loathsome habit, yet is dominated by a morbid impulse whose nature he fully recognizes, and deplores his inability to resist.

The followers of Lallemand, the votaries of local and mechanical surgical treatment, equally misled by a false pathology, have committed most egregious errors in the name of science; that otherwise able man was too much influenced by local considerations, causing him often to ignore general conditions of great importance, and to rely solely on local and mechanical treatment; for, having in one instance discovered by post-mortem examination the existence of a chronic inflammatory state of the neck of the bladder and mucous membrane adjoining the orifices of the ejaculatory ducts he imagined that he recognized this pathological condition in every case, and therefore employed the one-sided treatment, viz., cauterization of the caput gallinaginis:[1] this plan of treatment, however suitable for the cure of prostatic discharge or that from Cowper's glands was quite useless in the treatment of seminal emissions. Lallemand blundered in mistaking an outpost for the citadel, and in expending all the resources of his art upon the periphery rather than the higher centres, the head-quarters of the sexual system. Equally objectionable, or even more so, are those later expedients, the constant use of the urethral bougie, the ligature of the spermatic arteries, and the indefensible operation of castration as performed in America. This heroic procedure has had its counterpart in the abominable mutilation, the actual cautery, and the clitoridectomy of poor women afflicted with aggravated attacks of hysteria; these import into civilized life the barbarities of Abyssinian savages, in the vain hope, by destroying the passive exponent of excitement in the higher centres, to stifle the sexual instinct at its source.

1. Curshman, Ziemssen, vol. viii, p. 843.

ITEMS.

—The following characteristic letter from a Liver Bitters Concern over in Illinois was received by a well-known druggist of this city the other day:

JAN. 2, 1885.

Mr. ——, Dear Sir:—

A gentleman hoom we have employed to canvis & sell our bitters to as meney Druggist as posible So we can advertise our goods in you city papers to Poast ann Advertise your city Solled as fast as possible & Each Drugest ording the goods & will give his cash orders on receit of the goods we otherise him to take take them at the regular hole Saile price of $7.00 for the first order & Publish each address at the bottom of our add in full for one year in the Chronical & if he can get orders for 50 Dozon or more we will Put them in the times all So whitch will give them wide & free advertisement as Druggest & we will all So funish all the Circulars each Drugest address in full in them the Same as we did you & eneny thing we can do to make a good & Quick market for our bitters & eney favors you can Show him in the way of helping him to Sell our Bitters get acquanted with the People & C will be verey thankfulley received by him & us we should be verey thankfull if you would give him your order for at least two doz or more your Self So as to give him a good Starter & in So doing you will confur a favor on your Strange correspondant & C we ar very respectfulley your most obedient Servents

—A legacy of $400,0000 was recently left by Mrs. Philander Peck of Chicago for the erection and support of a Home for Incurables. The property is left entrusted to the hands of six trustees, but will not be at their disposal for twelve or eighteen months.

—A translation of the first volume of Clinical Lectures on Diseases of the Eye, by Professor Arlt of Vienna is now in press, and will soon be published by P. Blakiston, Son & Co., of Philadelphia. The volume treats of the diseases of the conjunctiva, cornea, sclerotic, iris and ciliary body, and is translated by Lyman Ware, M. D., Surgeon Illinois Char. Eye and Ear Infirmary, etc.

—Tne Medical Record facetiously remarks: "The loneliest doctor in the world is the Ophthalmologist who has not written an article on Cocaine." Unfortunately the general profession seem to be vieing for honors in the same field.

—Dr. H. A. Martin, well-known to the profession through his efforts to furnish a reliable vaccine virus, the advantages of the rubber bandage and his advocacy of strict cleanliness as the best antiseptic, died in Roxbury, Massachusetts, December 7, 1884. His record is a credit to the profession that he adorned.

—At the annual election of the St. Louis Medical Society that took place Jan. 3, 1885, Dr. LeGrand Atwood was elected President, Dr. Walter B. Dorsett, Recording Secretary, and Dr. J. C. Mulhall, Corresponding Secretary, for the ensuing year.

At the following meeting the president appointed the following committees:

Ethics.—J. M. Scott, F. J. Lutz, R. J. Hill.

Elections:—A. A. Rowland, H. Hodgen, F. D. Mooney.

Publicalion,—L. Bremer, Wm. Dickinson, A. H.Ohmann-Dumisnil.

Executive.—A. H. Meisenbach, Frank Rumbold, T. Hardy Smith.

Library.—F. W. Wesseler, D. Dean, S. J. Barker.

—The Medico-Chirurgical Society of St. Louis elected Dr. Geo. Homan, Secretary; Dr. J. P. Kingsley, Treasurer, and Dr. E. M. Nelson Librarian.

—The "Verein Deutscher Aerzte" chose Dr. L. Riesmeyer, Secretary; Dr. Jos. Spiegelhalter, Treasurer, and Dr. Robert Luedeking, Librarian.

The two latter organizations have no permanent president. A presiding officer is chosen at each session.

—The conveniences of our modern inventions are, to an extent, offset by drawbacks. For instance, the telephone with the mischievous girl at the central office. A secular contemporary reports the following case: A husband calls up a doctor and tells him his wife has "a severe pain in the back of her neck, and complains of a sort of goneness in the stomach." "She has malarial colic," returns the man of medicine. "What shall I do for her?" asks the now anxious husband. The wicked girl at the central now switched off to a machinist who was talking to a sawmill man about his boiler, and this is the advice which falls on the husband's tympanum: "I think she's covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it on the fire plug and wash her out." The doctor and the husband do not now speak as they pass by, and the doctor has found the telephone too expensive a luxury for further continuance.—Medical Age.

—An Abbot and His Erring Parishioner.—The New York Medical Journal, of Nov. 15, 1884, quotes the following from the Journal de Médecine de Bordeaux: The ecclesiastics, as is well-known, have fallen into the bad habit of dabbling in medicine and pharmacy, pretending to know them as well as the Gospels. An abbot, named X——, was lately the victim of the unfortunate propensity. One of his female parishioners, finding herself in great suffering. consulted a physician in the neighborhood, who regretted to find that she had a well marked gonorrhœa, and accordingly prescribed copaiba and cubebs in liberal doses· Before taking these poisons, the fair one thought it prudent to ask the curate what he thought of them. The latter looked at the presciption, and exclaimed, "Balsamics; those are used for the chest. Yours is weak. You can take them." And, generous to the last, he wrote these words across the prescription, "Furnish at my personal expense." The story goes on to say that an occasional sly laugh is still called up at the apothecary's by a perusal of the indorsement on that prescription.

—The death of Dr. James G. Thomas, of Savannah, Ga., recently occurred under unusually painful circumstances. Dr. Thomas was a member of the executive committee of the Ninth International Congress. He took a deep interest in the success of the congress, and, at a considerable sacrifice, came to Washington, November 29, to attend the meeting for organization. While on the way he was seized with a violent chill. and on his arrival at once took to his bed, from which he never again arose, the disease proving to be acute lobar pneumonia. He may be said to have lost his life in the service of the congress, and it is an irreparable loss to the executive committee, as well as to his bereaved family and his fellow-citizens of Savannah and of Georgia.—Medical Record.

—The powers of health boards in cases of infectious diseases are matters of great public importance, and while the courts will sustain such boards in any proper use of discretionary power, if they go outside of the legal limits prescribed, their acts will not receive sanction. In a recent Massachusetts case the health board finding a case of small-pox too sick to be removed, seized the house where the patient was, alleging the right to do so, practically converted into a hospital for several weeks. This action the court declared to be beyond the statute and unwarranted.

—Dr. Atkinson, in the British Medical Journal, reports a case of a woman who married at sixteen and died at sixty-four. She had thirty-nine children, all by the same husband, whom she survived. They were all single births, except two twins. All the children lived to reach their majority.

—In 1860 Nothnagle and Rossbach wrote in their materia medica thus: "Thus far cocaine has found no medical application, but on account of its extraordinary effects on the nervous system, respiration, on the heart as well as for its local anesthetic effect upon mucous membranes, it merits a trial in a variety of diseases."

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OVERPRESSURE IN SCHOOLS (Retrospect British Medical Journal).—Perhaps the only absolute novelty with which the year can be connected is the newly discovered group of diseases which are attributed to the action of the Educational Code; for example, board headache and the like. The impartial observer who has watched the controversy on this subject, while able to see clearly that the cry of overpressure has been not a little exaggerated, and often supported by evidence of the flimsiest kind, is yet bound to admit that the extension of education must inevitably be followed by greater strain upon the nervous system of the not too robust children of our great towns, and that many forms of neuroses, especially nervous headaches, dyspepsia, and the anemia and debility which depend upon nervous exhaustion, have gained a powerful aid to their development. Nor can he doubt that it is the duty of the profession to warn the public that healthy, though ignorant children, may turn out happy men and women, and useful citizens, while dyspeptic and nervous children have before them lives of certain misery, with their capabilities for usefulness greatly impaired.

TRICHINOSIS.—The British Medical Journal of January 3, 1885, gives a short item about the presence of trichinæ and trichinosis in Russia. It says:

"During 1884, nine persons, including four medical men, were attacked in the Don-Cossack District. The authorities immediately seized 843 hams, 748 pork sausages and 17 swine, and ordered that they should be analyzed. The result was that trichinæ were found in three of the hams and four of the sausages, all the seven samples having been prepared from three pigs. It was afterwards found that 1 in 288 of the swine in the dis trict were diseased. In St. Petersburgh, where inspection of meat is compulsory, 27, 913 pigs were examined in 1883, and 35 were found to be trichinous."

As the British Medical item must, we suppose have been obtained through a Russian official report we should receive the same cum grano salis. It would be very interesting if in reference to the study of the existenee of trichinæ the various Governments could be induced to adopt a similar plan to that adopted in some of the races where donkeys are made to try their speed. In such a chase each jockey rides any donkey but his own, and the donkey that comes in last gets the prize. We should like to see a fair examination of hog carcasses made by experts of the Government to which the hog does not belong and we are firmly convinced, from a certain knowledge of the subject, that a revelation little expected and differing very greatly from the above Russian figures would be the result. Whilst we think the revelation would be surprising we think it would be beneficial because it would show the necessity of cooking meat effectually in order to avoid the ravages of trichinosis.

In the Northwestern Lancet, January 15, we have a report of thirteen cases. The thirteen cases occurred in three families. Two of the families, it is expressly stated, were Germans, and from the fact the other family was attended by a German physician it is more than probable that the third family was also German. In the first family three out of four died and in one case the post-mortem examination revealed the trichinæ. The two first cases Dr. A. B. Cates reports seemed hopeless from the first; the third held out longer, whilst the boy of 10 years recovered,

but he was at no time very sick. The other cases, under the care of two other physicians, recovered,but the probability is that the cases were from some cause less violently attacked, rather than a result of treatment. By comparing the several cases Dr. Cates concludes nothing seems to be proved in favor of any line of treatment, other than the supporting. Good results followed the use of salicylic acid, glycerine and sulphur, and the supporting treatment. The results were equally good from the supporting treatment alone. In our own cases the treatment followed did not appear to be of any avail. Glycerine, so much vaunted, received a thorough trial. Our conclusion, from comparing these cases with others, is that there is no drug upon which one can rely as a specific in the treatment of this disease. One's success depends very largely upon the age of the patients; the stage at which one begins treatment; the amount of trichinous pork ingested by the patient, and the amount of diarrhea which has existed. Trichinosis, unattended by diarrhea,gives the trichinæ an opportunity to penetrate the intestines in larger numbers.

Diagnosis of Peripheral Palsies. — In concluding a paper on "Clinical Aspect of Some Peripheral Palsies," in the Medical Times, Dr. Lambert Ott thus expresses himself relative to the differential diagnosis.

"Given a case of localized paralysis, by what points are we to distinguish whether it be central or peripheral?

Peripheral Paralysis—Generally unilateral and situated in the distribution of an individual nerve.'

Central Paralysis—Usually bilateral when spinal, hemiplegic when cerebral.

Peripheral Paralysis— Muscular atrophy.

Central Paralysis — No atrophy, unless multipolar ganglion-cells of anterior horns of gray matter are involved, and in those cases muscles are paralyzed which have different nervous supply, lying on opposite sides of the limb.

Peripheral Paralysis—Paralysis first, and atrophy follows.

Central Paralysis — In progressive muscular atrophy there is also atrophy, but paralysis keeps pace with the atrophy.

Peripheral Paralysis—Disturbances of sensation.

Central Paralysis—Seldom marked disturbance of sensation.

Peripheral Paralysis—If of long standing electro-muscular contractility absent, or the reaction of degeneration may be found.

Central Paralysis—Electro-muscular con tractility only slightly impaired, except in infantile and adult spinal paralysis, where there is either lost electrical excitability or the reactions of degeneration; then the history of the case is a guide.

Paralysis due to compression or inflammation of the nerve presents important differences. In inflammation we have pain or elicit pain on pressure, which is seldom the case in paralysis due to pressure; and, if decided pain is found, we may conclude that there is more or less inflammation. Peripheral palsies are due to various forms of pressure, such as inflammatory products, cicatrices, callus,tumors, passage of fetal head through pelvis, fecal accumulations, muscular spasm, obstetric forceps, malposition of the extremities, and ill-fitting crutches. Where the pressure is temporary, at first both motion and sensation are affected, but the motor palsy lasts longer and is more profound.

The pathology of peripheral palsies has not been thoroughly investigated. S. W. Mitchell, after some experiments on nerves by compression where post-mortem examinations were made, states "that in all cases were noted some evidences of congestion, but the chief lesion lay in a very extensive disturbance of the contents of the nerve-tubes."

Prognosis is generally favorable. Where the cause has been only temporary and the paralysis partial or incomplete, it will require six to eight weeks to effect a cure. In cases of paralysis with atrophy, the prognosis is not so favorable as to a complete cure, but the palsy may be improved. The electrical condition of the muscles will give the best clue to base a prognosis upon. If there is no

diminished electro-muscular excitability to either current, then the case is favorable. If the muscles do not respond to the faradic current, but to the interrupted galvanic, giving An cc > Ca cc, there is hope, after a long time of treatment, of restoring the parts to usefulness. When all electrical response is absent, the case is probably beyond a cure; but even then the interrupted galvanic current should be tried.

Treatment—If the palsy be due to an acute or chronic neuritis, rest, soothing applications and the ordinary antiphlogistic course should be ordered. In chronic neuritis nothing will yield more charming results than blisters over the course of the nerve. Iodide of potassium internally also acts well. Electricity should not be used in acute neuritis. Should the muscles respond to the faradic current, gently faradize three times weekly. If the muscles do not respond to this current, use the interrupted galvanic, placing that pole on the motor point of the muscle which obtains the minimum of contraction from the smallest number of cells. In compression-paralysis, if you find a spot of tenderness in the course of the nerve, use a blister. Otherwise nothing much can be done but to wait, keep up the tone of muscles with electricity, and apply a constant descending current over the course of the nerve, in hopes of producing some healthy change in the nerve-structure itself.

Miscellaneous Matter (Retrospect British Medical Journal).—We regret our inability, from lack of space, to mention even in brief many points of physiological interest emanating from various quarters. We may call attention, however, to Bayerl's supposed discovery of the formatiou of red blood-corpuscles in the cavities of cartilage-cells where ossification is going on (Waldeyer's Archiv, Band xxiii, p. 30) and also to a new method of preparing hemoglobin crystals descibed by Dr. Stanislaus von Stein (Centralblatt f. die Med. Wissensch., No. 23, 1884.)

At the Anatomical and Physiological Section of the International Medical Congress, held this year in Copenhagen, Engelmann spoke of the changes in the distribution of retinal pigment under the influence of light and of electrical tetanisation. Gaskell, who has been extending his observations and modifying his views on the innervation of the heart, adds to our knowledge the facts: 1. That the frog's heart has a sympathetic nerve-supply which can be anatomically demonstrated and experimentally brought into action independently of the vagus. 2. That by stimulation of the vagus when isolated from the sympathetic, it is possible to maintain the heart in diastolic still-stand for long periods, e. g., half an hour. Bnt full accounts of these and of other papers read at the Congress are not yet published.

We have to mention with regret the death, on the 15th of August last of Julius Cohnheim, whose labors have done so much to systematize the study of pathology and to direct attention to the physiological processes whereby histological changes are brought about in disease.

Humanized Virus for Vaccination is said to have been advocated by all the members (except three opposed to vaccination) of the German Commission appointed for the purpose of investigating the subject. The details of a report upon which such a recommendation is made cannot but be interesting to us Americans, inasmuch as the general practice with us is the use of the bovine virus. We do not anticipate that the practice which Americans have adopted for so many years will be heedlessly discarded by such a recommendation, but the patient work for which the Germans are noted will certainly not be without its influence in forcing us still to watch closely the various features and phenomena associated with vaccination. If, as Americans, we still persevere in the use of the bovine virus, the general subject would be one of great practical importance for the consideration of international study. It is true a great deal, in the way of general talk, has already been said on the subject, but the question is one like anesthetics and antisep-

tics; it is never exhausted; partly on account of the many unknown complicated contingencies associated with the individual operations.

We have little doubt personally that if the cultivators of the bovine virus study persistently the best way of producing and preserving for the use of the profession the article we have hitherto been using that the majority of medical men will still persist in the use of what has hitherto done such good service. This work, however, must be well done not only when there is little demand but also during an epidemic. If we admit the possibility of conveying syphilis by means of the vaccine lymph, and the possibility of it has been demonstrated beyond doubt by an enthusiast of London, then there are few physicians who would take upon themselves the responsibility of saying in a given case that a healthy looking child is absolutely free from any syphilitic inheritance. Consequently it will not be easy at all times to obtain a supply. The German committee has undoubtedly fully studied this aspect of the question and presented their views on the subject. The question is one of such importance that our own Government should certainly institute measures of substantiating or reversing our present system. As vaccination is practically compulsory the obligation of the Government to obtain the most reliable information on the subject becomes an imperative duty, and we doubt not if the facilities are afforded our own countrymen to investigate the question, that a report of unquestionable scientific value would be the result.

Putrefactive Alkaloids and Ferments (Retrospect British Medical Journat).—A subject of very wide pathological interest is that of the putrefactive alkaloids and ferments. As we learn more about these, we see that they are much less specific than was formerly supposed. Poehl has discovered that certain fungi found in diseased maize, as well as the common penicillium glaucum, claviceps purpuræ, and ergot of rye, possess the power of peptonising albumen. Peptone has been known, for some time past, to be present in pus. Brieger has shown that putrefying animal tissues contain a poison which acts by producing symptoms resembling intoxication, followed by coma and death. Senator has drawn special attention to the occurrence of putrefactive fermentations, with their poisonous results, in the normal or pathological cavities of the body, and has illustrated these views by cases in which an inflamed bladder, the intestine, or the stomach appears to have been the seat of such poisonous processes, resulting in fatal intoxication, and he has shown how these cases resemble clinically the type met with in diabetes, as described by Kussmaul. The discussion on Kussmaul's coma has been very active. Nobel has found acetone-forming bodies in the breath of a diabetic, and has discovered a new test for acetone, which promises to give more precise results than any we had before. It depends upon the gradual development of a violet color on the addition of a few drops of a solution of nitro-prusside of sodium and solution of ammonia to the fluid containing acetone. Minkowsky has found that the urine of some diabetics, especially those dying of coma, contains large quantities of an acid, which he has identified as Beta oxybutyric acid. This is to some extent confirmed by Kuelz, who found a substance present in diabetic urine which had a left-handed rotary power, but was not sugar, which he called pseudo-oxybutyric acid; and Minkowski has since ascertained that his acid possesses left-handed rotary power over polarised light.

Micro-organisms (Retrospect British Medical Journal).—A very large amount of attention has been given to micro-organisms. New methods of staining have been devised by Burrill, Petri, and Vargunin, and new methods of cultivation by Hauser and Hartzell. Klein, by his timely handbook on the subject, has supplied much-needed information. He has also been working actively at original investigations, and has demonstrated that the peculiar

ophthamia caused by an infusion of jequirity-seeds is not due to the bacilli it contains. He has also worked at the bacillus anthracis, and the bacillus of hog-cholera, while he is at present engaged in India upon a series of investigations for the Government—to determine, if possible, the nature of the cholera paison, and its relation to living organisms. Vincent Richard maintains that the cholera poison is a chemical compound of unstable nature, but this might very well be true, and yet some micro-organism might be all important in its production. No confusion ought to exist between the poisonous product and the producing agent, but there are many signs that when talking of the connection of bacteria with disease these relations are very frequently confounded.

Koch's Cholera Commission which went to India from Egypt at the end of last year, found abundant evidence of the frequency of the "comma-bacillus" in the intestines and discharges of cholera patients, and they were able to discover it in a tank of drinking water at a locality where cholera had broken out. Quite recently we learn that Koch has been able to succeed in cultivating his bacillus, and has reproduced the disease by inoculation. He is at present engaged in this research.

The discussion on cholera at the Epidemiological Society elicited nothing of great interest, except, perhaps, that the official mind, especially that of the Indian Government, is not very open to the reception of current scientific doctrines. Surgeon-General de Renzy criticised very effectively Surgeon-General Hunter's report on the endemic character of cholera in Egypt, which probably nobody believes outside the small circle of Government officials.

Tubercle, the principal object of attention two years ago, has not been neglected. Koch's views have received fresh support from the histological researches of Diatchenko, Wesener, and Baumgarten. Mueller and Kanzler have shown that the bacilli are nearly constant though in very small numbers in local scrofulous and tubercular affections. Baumgarten has shown conclusively that milk containing tubercle-bacilli is liable to cause tuberculosis in those who drink it.

The diagnostic value of the bacillus has been still further illustrated by Mackenzie and Samter. Sormani failed to find bacilli in the breath of phthisical patients, in opposition to the results obtained by Ransome.

The existence of a specific, so-called, pneumo-coccus, in pneumonia is confirmed by Friedlaender's further researches, and by Ziehl, Salveoli and Zaeslein.

Pasteur has continued his investigations on hydrophobia without having isolated the virus; but the possibitity of communicating the disease has been shown by the unfortunate case reported from Pesth, where hydrophobia was apparently derived from the absorption of poisonous matter in dressing a wound. It had previously been regarded as a settled question that hydrophobia could not be communicated from one human being to another.

The bacillus of syphilis has been further described by Barduzzi, Tornery and Marcus.

Watson Cheyne has found a micro-organism in the blood vessels of a case of idiopathic purpura.

Cayley and Gibbes have contributed to our knowledge of the micro-organisms present in infective endocarditis. Gaudelin has found a micrococcus in dysentery; Gaffky and Tayon support the assertion of Klebs and others, that there is a specific organism present in typhoid fever. Monastyrsky confirms the existence of a bacillus in glanders. Sorokin finds one present in angina; while Heubner, by his experiments, has thrown doubt upon the relation of micro-organisms to the diphtheritic process. The diphtheritic process does not depend upon the existence of a micro-organism, but micro-organisms of virulent nature develop rapidly in the diphtheritic patch, and, gaining access to the body by the lymph-spaces and blood vessels, set up the constitutional symptoms which constitute the gravest danger of diptheria. Lacerda has described an organism in beri-beri.

Petrone has found that septicemic virus is

sterilised, but not deprived of its virulence, by boiling, but the blood of animals inoculated with it swarm with septic bacteria. He regards these organisms as pre-existent in the blood or tissues, but developed rapidly in the presence of the septic poison.

Marchiafava and Celli have described an organism in cerebro-spinal meningitis.

Underwood has again drawn attention to the part played by micro-organisms in the development of dental caries.

Horsley has shown that organisms are absent in cancrum oris.

Krause has described an organism in acute osteo-myelitis.

Treves and Chiari have related cases of actinomycosis in man. Israel has continued his researches on the cultivation of actinomyces.

Among many contributions to the morbid anatomy of different organs we may note Pitré's case of bilateral sclerosis with unilateral brain-lesion; Nothnagel's case of abscess of the spinal cord, and the papers of Déjérine and Minkowski on the syphilitic origin of acute central myelitis and primary lateral schlerosis.

Antipyretics.—There seems to have been a kind of epidemic among some of the prominent medical lights in Germany of late in their search for antipyretics. Now it is Kairine, now antipyrine, now the euphonious named tetrahydro-parachianisol, which by common consent has been called Thallin. Inasmuch as this kind of epidemic is at any rate to some extent subject to the will of the medical mind we have not so much fear of its invasion as we have of the cholera, which a good many of the journals consider as entirely disappeared. Whilst many are of the opinion that it is as futile to introduce antipyretics in order directly by its influence to reduce the temperature as it is to introduce antiseptics to destroy the germs in phthisis, there are others who at the peril of their patients and for reasons best known to themselves, neglect the good old simple and well-tried methods of bringing about the reduction of temperature and resort to these complicated compounds. It is the more to be regretted as its appears the majority of these so-called antipyretics are practically only patent medicines in a scientific guise.

Alleged Cholera in St. Louis.—We refer to a communication made by Dr. E. M. Nelson, member of the Board of Health of the city of St. Louis, elsewhere in our columns throwing light upon an alarm created and spread by the daily papers within the last few days. We hope the facts may all come out and are gathering all that present themselves and stand the test of quiet, dispassionate scrutiny.

Kidney: Albuminuria (Retrospect British Medical Journal).—A new factor in the production of chronic Bright's disease has been elicited by Féré, who shows that procidenta uteri is almost invariably followed by chronic renal disease. The observations of Pozzi on the influence of uterine fibromata are very similar.

Küssner has confirmed Hayem's observation that the blood-serum during an attack of hemoglobinuria contains much free hemoglobin. According to Küssner, this fluid was "ruby-red."

Windle has discussed at length primary sarcoma of the kidney; Sabourin has described an adenoma of the kidney; and Brosin has added another example of striped muscle tumor. Henoch has shown that nephritis may follow varicella.

The observations of Englisch on the albuminuria that occurs in strangulated hernia are valuable and interesting. According to this observer, the albuminuria bears a proportional relation to the amount of injury sustained by the intestine. The discussion on albuminuria at the Glasgow Pathological and Clinical Society was very successful in bringing together many of those specially interested in this subject, and elicited valuable expressions of opinion, but, like discussions in general, was not marked by the production of any new facts.

The histological lesions of Bright's disease still afford a field for observation. Cornil has published a bulky octavo volume, and Remezoff and Smernoff have written papers on the subject.

PRELIMINARY REPORT OF THE INDIA CHOLERA COMMISSION.—The following will give our readers an idea of the conclusions of Drs. E. Klein and Gibbes relative to the comma-bacillus;

Dated Calcuttta, November 27, 1884.

From Drs. E. Klein and Heneage Gibbes to the Surgeon-General and Sanitary Commissioner with the Government of India.

We have the honor to report that the investigations which we have hitherto carried on in Bombay and Calcutta have yielded the following results:

1. The statement of Koch that "comma-bacilli" are present only in the intestines of persons suffering from, or dead of, cholera, is not in accordance with the facts, since "comma-bacilli" occur also in other diseases of the intestines, for example, epidemic diarrhea, dysentery, and in intestinal catarrh associated with phthisis.

2. The "comma bacilli," in acute typical cases of cholera, are by no means present in such numbers and with such frequency as to justify Koch's statement that "the ileum contains almost a pure cultivation of comma-bacilli."

3. The "comma-bacilli" are not present in the tissues of the intestine or elsewhere.

4. The "comma-bacilli," in artificial cultivations carried out by one of us (E. K.), do not behave in any way differently from other putrefactive organisms.

5. Mucus-flakes of the ileum, taken out soon after death from typical acute cholera, contain numerous mucus-corpuscles, many of them filled with peculiar minute straight bacilli. The same bacilli occur also outside the mucus-corpuscles. They are never missed even when the "comma-bacilli" are.

6. These small bacilli have been cultivated by one of us (E. K.), and they do not behave differently from putrefactive organisms.

These small bacilli are not present in the tissues of the intestines or any other tissue.

7. No bacteria of any kind, and no organisms of known form and character, occur in the blood or any other tissue.

8. A good many experiments have been carried out by one of us (E. K.) with the following results.

(*a*) Mice, rats and monkeys were fed with rice-water stools, with vomit, with mucus-flakes of the ileum, fresh and after having been kept for twenty-four to forty-eight hours. The animals remained normal.

(*b*) Inoculations with recent and old cultivations of "comma-bacilli," and the small straight bacilli, as well as with mucus-flakes, were made into the subcutaneous tissues, into the peritoneal cavity, into the jugular vein, and into tha cavity of the small and large intestine of rabbits, cats and monkeys; but the animals remained perfectly well and normal.

9. The material which we have had hitherto at our disposal has been very good and abundant; and, as far as the microscopic work goes, we do not think we shall require any more material.

We therefore propose concluding our inquiry by the beginning of December, and hope soon after to return to England.

The Times of India, in reviewing the Cholera Commission's labors, says that the Commissioners, in endeavoring to follow Dr. Koch, found that they were unable to confirm his results. Having discharged the negative portion of their duties, Drs. Klein and Gibbes proceeded to examine, both in Bombay and Calcutta, a large number of typical cholera cases; and, so far as the Times is able to gather, they have been unable to find any micro-organism which has any sort of relation to the disease. The British Commissioners labored under many disadvantages from which Dr. Koch was free, for they had to endure a voyage through the Red Sea in the hottest part of the year, and had to work upon their subjects during monsoon weather which immensely increased the difficulties of their inquiry, while it was, at the same time,

trying their health. As a matter of fact, both doctors have suffered much from fever. Dr. Gibbes leaves for England by the next mail, and Dr. Klein, who is now on a visit to Darjiling, follows on the 12th instant.

Text-Books on Pathology (Retrospect British Medical Journal.)—During the past year, Pepper's Surgical Pathology, the second volume of the translation of Cornil and Ranvier, and Ziegler, and another edition af Green's Manual, have been added to the pathological literature for the use of students. Heitzmann's Atlas of Pathological Histology, though in many respects open to objection, is quite the most remarkable and original publication in this department during 1884. We also acknowledge with a sense of gratitude the publication of the first volume of Hirsch's Hand-book of Historical and Geographical Pathology, published by the New Sydenham Society.

Spleen (Retrospect British Medical Journal).—Capitan and Charrin have drawn attention to the hypertrophy of the spleen, which takes place in experimental tuberculosis, but does not occur in ordinary tuberculosis in man. Baumgarten has described miliary syphilitic tumors of the spleen. Knowsley Thornton has excised a "multilocular-cystic spleen." Banti contends that splenic anemia is a primary disease of the spleen, aud advocates the extirpation of this organ, quoting statistics to show that three out of four operations reported have been successful. If this be so, it must be due to the fact that most of the unsuccessful cases have not been recorded

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The Nature of Purpura.—In a contribution to the study of purpura (Annales de Derm. et de Syph., London Medical Record) M. Leloir says that the pathogenesis of purpura is still surrounded by great obscurity. Few cases are recorded in which the vascular lesions have been ascertained. The author gives two cases in full detail, the first being a good example of vascular purpura, the lesions of the curtaneous vessels found on post-mortem examination being an enormous dilation of the vessels, and pronounced alterations of the vascular walls. In contrast with this case, in which the vascular origin appeared undeniable, he relates a second, in which no vascular lesions could be found, although there were numerous deep and extensive cutaneous hemorrhages. Here the cause evidently was an alteration of the blood. But in the first case, with appreciable lesions of the capillary vessels, the hemorrhages were small and limited; while in the second, with vessels apparently intact, the hemorrhages were extensive and situated in the middle region of the dermis. Diapedesis does not seem sufficient to account for such pronounced hemorrhages. In some part there must be vascular rupture. One may suppose (with Hayem) that in certain diseases the blood-plasma acquires the property of provoking concretions by precipitation, lerding to multiple capillary embolisms, and thus causing purpura hemorragica from hemorrhagic infarcts. Certain forms of purpura of the lower extremities in cachectic subjects may be explained by stagnation of blood (often with edema), and alteration of the blood; intravascular fibrinous coagulation, formation of embolic clots, hemorrhagic infarcts, and cutaneous hemorrhage. It is probable that many cases of purpura arise from alteration of the blood; perhaps even sometimes purpura a frigore, purpura of rheumatism, &c., arise from blood-dyscrasia leading to intravascular coagulation, clots by precipitation, or capillary embolisms. As to the nature of the alterations of the blood, many authors speak of the toc great fluidity of the blood; but the quantity of fibrin, far from being diminished, is frequently increased in purpura. The author would group the pathogenic causes of purpera thus:—

A. Purpura from Modifications of the vessels.—1. From perturbation of the capillary circulation, whatever its origin, leading to active or passive hyperemia, producing hemorrhage by diahedesis or by vascu-

lar rupture. 2. Purpura télangiectatique of Cornil 3. Purpura from primary alteration of the vascular walls, and consecutive rupture of these walls.

B. Purpura from Modifications of the Blood. —1. Too great fluidity of the blood (?purpura by diapedesis). 2. From vascular obstructions determined by certain elements contained in the blood leading to the formation of thromboses and embolisms. This pnrpura might occur from simple diapedesis; it is more often hemorrhagic infarction of the skin. a. From formation of clots in blood-dyscrasia. *b.* From embolisms formed by white corpuscles (leucocythemia, &.). *c.* From embolisms formed by bacteria or micrococci (septic diseases, &c.). *d.* From embolisms formed by altered blood-elements (?).

C. Purpura Nervosa.—In practice, however, many cases will not fall completely into either group; very often the origin seems to be complex. Alteration of the blood, troubles of the circulation, vascular lesions, disturbances of innervation, all causes of cutaneous hemorrhage, may coexist in the same subject. In all probability, even dyscrasic purpura may be in certain cases the origin of secondary vascnlar lesions, secondary endarteritis. And it is probable that alteration of the blood often modifies the action of the vaso-motor nervous apparatus, central or peripherae. In studying a case of purpura, it must not be forgotten, then, that its pathogenesis may be complex. The relative importance of the different causes must be sought; and an attempt must be made to determine the relations between the determining primary or predisposing causes and the occasional or secondary causes.

Treatment of Fractured Patella.—On page 282 of Vol. x. of the Review we reported Sir Joseph Llster on treatment of patellar fracture. In the Deutsche Medicinal Zeitung, July 1884. Dr. Van der Meulen notes that, in the space between the two fragments of a broken patella, a clot of blood is formed. This clot is not organized at once in its entirety, but the anterior and posterior surfaces are first organized, and only after some time does the process involve the central portion. In this way the two fragments come to be united by two thin pseudo-membranes The author takes advantage of this in his treatment of fractured patella. From ten to twenty days after the injury he proceeds to operate. An incision being made over the patella, the anterior membrane and the unorganized coagulum lying beneath it are removed, but the posterior membrane is not interfered with, and thus the joint is not opened. The fragments are then united by platinum or silver wire suture, care being taken not to include the membrane of organized coagulum, but to let it fold upon itself posteriorly toward the joint cavity. Dr. Van der-Meulen has operated in this manner in three cases of fractured patella, and has been enabled to obtain excellent and firm union.

The Heart (Retrospect British Medical Journal).—Among the diseases liable to give rise to secondary affections of the heart claims have been made for gonorrhœa (Déjérine and Moussous), and locomotor ataxy and allied nervous disorders (Teissier). Barié states that enteric fever may be followed by arteritis. Park has published a remarkable case of "round-celled sarcoma," enveloping the heart.The pathology of cyanosis has been discussed in an admirable paper by Dr. Newman.

Functions of the Suprarenal Capsules. —Prof. Tizzoni has recently (Gazz. degli Ospitali, London Medical Record), performed a number of experiments on rabbitts, with the view of clearing up several points in regard to the office of the suprarenal capsules. The usual course was to evacuate the contents of the fibrous capsule of one or both sides. The parenchyma, in the form of a yellowish white pultaceous mass, either escaped into the peritoneal cavity or was altogether removed. Apart from a few exceptional instances of

meningeal exudation and softening of the spinal cord, the animal did not appear to suffer in general health from the operation. There was as a rule little traumatic fever and suppuration. Nutrition was rarely impaired; and in fact, an increase of weight was generally noticed within eight days. The result did not appear to be at all influenced by allowing the parenchyma to remain in the cavity of the peritoneum, where it became absorbed. The interesting point is now to come. After a lapse of some time, a brown discoloratiou of the muzzle was observed. Later it extended to the cavity of the mouth and of the nose. It began in the form of small spots, which gradually increased and became blended. This discoloration, it should be noted, never occurred in white rabbits. When only one suprarenal capsule was removed, the pigmentation was exclusively or chiefly on the side operated upon. The altered distribution of pigment was the only effect of the operation, and the group of symptoms that constitute Addison's disease could not be produced experimentally. Touching the histological changes, regeneration was observed in two instances, in each of which the organ had in great part been destroyed. In one of these cases, 144 days after the operation a suprarenal capsule was found in all respects identical with a normal capsule. In the other case, twenty-six days after the operation a small nodule of newly formed tissue consisting of both cortical and medullary substance in process of active development was found. In the connective tissue that surrounded this nodule was a network of the spmpathetic, with very fine meshes and large filaments provided with numerous large ganglion-cells. The enlargement of thè remaining capsule, when only one was removed was at the expense of the cortical rather than of the medullary substance.

Respiratory Organs (Retrospect British Medical Journal).—The influence of nasal polypi in causing asthmatic attacks is a practical point of some importance which has been illustrated hy Marini.

Discussions on pneumonia have take place at Liverpool and Birmingham. The report of the Collective Investigation Committee upon this subject is a valuable document, but its conclusions are within the limits of accepted knowledge on this subject.

Ether and Opium in Small Pox.—In the Bullet. de Thérap., July, 1884, there are reported eleven cases of small pox treated by the method of Ducastel, which consists in the hypodermic administration of an ordinary syringe-full of sulphuric ether twice a day and the internal exhibition of two and a half to three and a half grains of extract of opium in twenty-four hours. The febrile symptoms are said to be wonderfully modified by this method, and the eruptions do not progress beyond the papular stage in the most favorable event. The papules may show small miliary pustules on their apices, but these gatherings of pus dry off quickly and leave a small yellow crust.

Prolonged Diphtheria.—Forms of diphtheria, fully characterized as such, and of long duration are occasionally met with, but, on the whole, are of most extraordinary occurrence. In the Revue mensuelle des maladies de l'enfance, the case of a girl, six years old, is reported. She was taken ill on January 12 with fever and pain on swallowing. The examination revealed the appearances of a simple catarrhal affection. On the third day, however, there were apparent patches on the left tonsil, that rapidly spread to the soft palate. The submaxillary glands became swollen. On the 12th day the pharynx was free from patches, but in the mean time a diphtheritic plaque had appeared on the mucosa of the lower lip. This cleaned off in due time but new localizations developed in the buccal lining. These mended only to be followed by new patches elsewhere. The last plaque disappeared on March 28; the whole process had lasted seventy days.

Liver (Retrospect British Medical Journal.)—Hale White has described a form of

cystic degeneration of the liver, and Sabourin has drawn attention to the presence of miliary abscesses in cirrhosis of the liver. Cases of adenoma of the liver have been published by Rovighi and Pawlowsky. S. West has reported a case of multiple hepatic abscesses in a boy, which were neither septicemic, malarial, nor dysenteric.

Nephrectomy.—Prof. Billroth, of Vienna, delivered a lecture on the indications of this operation last June and formulates them on full consideration of the 132 cases of removal that he found reported. Of the 132 cases 70 recovered and 62 died; a mortality of 47 per cent. This, however, says Billroth, is of no significance in the prognosis of any given case. It simply shows that, taken all in all, about one-half of the cases may recover after removal of one kidney.

The following are the indications for removal of a healthy kidney:

1. Removal of the prolapsed gland after laceration of the abdominal walls. (This has been done on three occasions and successfully.)

2. Removal of the gland on account of incurable fistula of the ureter. (Nine cases of operation under sush circumstances are known. Six recovered.

3. Removal of a floating kidney. (Of 14 cases, 8 recovered, 6 died.)

In extirpation of diseased kidney hydronephroses, suppurations and tumors especially make up the list of reported cases. Of 40 persons operated on account of suppurative destruction 22 recovered. Billroth believes that total removal is not indicated; operative measures, short of extirpation, seem to him adequate in most cases. The same view is held in regard to hydronephrosis, which condition seldom terminates fatally and may be cured by other procedures. Besides the diagnosis is difficult. Most cases that were operated had been diagnosed as ovarian cysts and were operated under this impression. Nine such hydronephroses were totally removed. Six got well. On account of neoplasms 33 operations were undertaken; 20 deaths occurred. Billroth himself operated twice for renal tumor and the patients survived the excision.

In regard to the method of operation Billroth holds the view of Czerny in preferring extraperitoneal excision by means of an incision in the lumbar region. Nephrectomy by laparotomy is much more complicated and dangerous.

CONTRIBUTIONS.

THE TREATMENT OF HABITUAL DISLOCATION OF THE SHOULDER JOINT.

BY GEO. A. KREIDER, H. B., M. D., SPRINGFIELD ILL., MEMBER OF THE STATE BOARD OF HEALTH.

Read at the Tenth Annual Meeting of the Mississippi Valley Medical Society.

Judging from the limited references to it in our text books and journals, habitual dislocation of the shoulder joint is of comparatively rare occurrence. Hamilton and other authors mention cases, but none of them, so far as I have discovered, suggest means for the relief of this distressing difficulty, and it is only within the past year that medical journals have contained accounts of its treatment by operations. Emboldened, no doubt, by the recent advances in antiseptic surgery, at least two different operative procedures have been undertaken by surgeons in America and Europe. As the physical and mental condition of a patient, unable to freely use the arm and constantly in fear of its luxation, is pitiable indeed, I wish, in this paper, to collect the operations already performed and describe a case of my own successfully treated by another and simple method.

The first operative procedure coming to my notice was reported to the New York Surgical Society by Dr. A. G. Gerster in 1883 and consisted in the exposure and sewing up of the rent in the capsule. The result of this operation, Dr. Gerster informs me in a recent communication, has been fairly good. He says the functional capacity was not quite restored, when he saw the patient in May last, but the mobility of the joint was increasing steadily and promised to become nearly perfect in due course of time.

The second method of treatment is that reported by Loebker in the "Mittheilungen aus

der Chirurgeschen Klinik inGreifswald 1884," an abstract of which is found in the "Centralblatt für Chirurgie No. 32, 1884, page 544." A translation of the abstract is as follows: "The second case of resection of the shoulder occurred in a brush maker, aged thirty years, with a subcoracoid dislocation. Since the first dislocation,which occurred five years before,he had had 28 returns of the accident. Simple elevation of the arm was sufficient to establish the dislocation. Sometimes the head of the humerus slipped out of the glenoid cavity if the shoulder was pressed on in bed; sometimes even the jarring of a cough caused it. Resection of the head of the humerus was performed with good healing. The resected head showed on its posterior outer half a deficiency of nearly 1 cm. deep and 2 cm. broad, embracing the whole elevation of the head. There was nowhere evidences of an older dislocation. There was deficiency also of the cartilage covering this part. The socket was considerably broadened on its inner half. This alteration of the joint was found exactly the same in the cases of Cramer, Kuester and Volkmann, but on the contrary was not found in the preparation of Joessel. Loebker believes that the deficiency was brought about by atrophy from pressure. Joessel found in his preparation no deficiency of the cartilage, but the supraspinatus, infra-spinatus, and teres minor muscles were regularly torn from the greater tuberosity and not fixed again by healing. Loebker thinks now that in the mildest cases of habitual luxation the lesion really depends on the tearing of the muscles only, while in the worst cases, besides this tearing atrophy of the muscles gradually develops itself." It will be observed that four other operations, probably of the same nature, are mentioned by Loebker and these with Loebker's case, make at least five cases treated by resection. I am not informed as to the results in the four other cases.

And now for the third method of treatment as devised by myself. Frank T. Rackham,aet. 27, an intelligent mechanic,consulted me November 12, 1881, with a subcoracoid dislocation of the right humerus which, under an anesthetic, was easily reduced. My attention was arrested at once by the lax condition of the joint, and by the roughness of the glenoid cavity, which was apparently almost entirely filled with new deposit and gave a grating sensation on movement of the humerus. The anterior portion of the capsule seemed to be gone and I greatly feared that the head of the humerus would drop out on the slightest motion of the arm. I carefully held the arm in position and on his recovery from the anesthetic obtained the following explanation of the existing condition. The patient stated that on July 3, 1875, while swimming in a swift current his shoulder was dislocated and that up to this time Nov.,1881, some thirty-five recurrences of the accident had taken place. He stated that elevation of the arm beyond a certain point would throw the head out of the cavity, and as he was often required in his work to place his arm in this dangerous position it came out oftenest from this cause. It was also displaced a number of times during epileptic convulsions from which he suffered as a result of a sunstroke. It was displaced several times by his turning over in bed and one time by the jarring of a wheelbarrow which he was pushing over rough ground.

In two weeks he appeared again with the same difficulty, which was relieved as easily as before. At this time, the patient being much discouraged and declaring that suicide would be the only source of his relief, I suggested an appliance to keep the bone in position but he demurred at once, expressing a belief that no appliance would avail. In proof of this he produced an apparatus furnished him by Dr. Walston, of Decatur, and consisting of a steel plate ⅛ of an inch thick and 6 by 8 inches in dimensions, curved to fit the side to which it was fastened by two straps passing around the chest and one passing under the perineum. From this plate a crutch extended to the axilla and a chain extended to a leather band encircling the arm. The object of this apparatus was to prevent the ascent of the arm to the point of slipping, and the principle was excellent. The patient was able to wear it only a short time on account of the excoriation it caused and it was speedily thrown aside. In December I reduced the dislocation for the third time; April 11, 1882 for the fourth time; in three days, April 14, for the fifth time,and in May for the sixth time in less than six months. This brings the total number of recurrences up to at least forty. I have taken some pains to verify this statement and am confident that this number is correct. Certainly the condition existing was such as to warrant operative interference had not another simpler and better means presented itself to my mind for trial.

Although the patient was becoming each time more despondent concerning his condition, he steadily refused to consent to the application I suggested until June 4, 1882, when at my earnest solicitation he permitted me to apply a Martin rubber bandage in the follow-

ing manner: Commencing in front at the median line on a level with the nipple pass to the arm just below the axilla, then one and a half times around the arm, then across the back and under the other arm to the point of departure. Repeat this course and tie the ends. Simple enough treatment I am sure. The bandage was at first applied directly to the skin, but afterwards over the shirt. The patient soon found that the turn around the arm was uncomfortable and modified the application by simply passing it over the arm, in which manner it was afterwards worn.

The treatment, much to the gratification of all concerned, was a success. The patient wore the bandage steadily for six months and then, notwithstanding my warning, discontinued its use. In June, 1883, one year after its application, he paid the penalty of his indiscretion by suffering another dislocation. After reducing it and endeavoring to impress upon him the necessity of its continuous wearing, the bandage was applied again, and up to the present time, a period of nearly sixteen months, no recurrence has taken place. Notwithstanding his previous experience, he has long since abandoned the use of the bandage without any bad effect, as I have already stated. He has remained steadily at work, using his arm with impunity for all purposes and in all positions required by his trade without the least inconvenience. I might also add, as a proof of the permanence of the cure, that there has scarcely been a day in this time when he has not worked overtime (twelve to fourteen hours) and he has usually worked on Sundays. He states that while the arm has not quite the strength of the corresponding member yet it is constantly improving and answers all requirements.

An examination shows a depression at the superior posterior portion probably due to the absence of the spinatus muscles and accounting for the deficient power of the arm. The bicipital groove appears to be unoccupied by the long head of the biceps. The cavity is somewhat broadened and some roughness of the arm still remains, but the joint as I have said is, for all practical purposes, as good as before the receipt of the injury.

While the mere record of this one successful case may not be conclusive proof of the value of this method of treatment, yet it serves to illustrate the principle which, modified to suit each case, will, it seems to me, be sufficient to give relief in this distressing affection. At any rate it deserves a trial before resorting to the operative procedure already mentioned.

Should any of the members of this Society treat cases successfully in this manner, I should be pleased to have a report of them for publication.

DISCUSSION.

THE PRESIDENT.—Gentlemen, you have heard this paper of Dr. Kreider; what disposition will you make of it?

A MEMBER.—Mr. President, I move it be referred to the Committee on Publication. (Seconded and carried.)

THE PRESIDENT.—The paper is now open for discussion.

DR. BERNAYS.—Mr. President, the manner of treatment suggested by the doctor is decidedly new in surgical literature, and I consider it a valuable addition to our method of treating old dislocations. I have a case now of a man that probably dislocates his humerus two or three times a year. I think that this thing is a reminder to a man, when he wishes to raise his arm, to keep it down, and it thereby finally effects a cure.

DR. BUCK.—Mr. President, it occurs to me that that bandage might possibly be applied in a different manner and accomplish the same result. How would it do to surround that arm and let the bandage pass underneath? It would interfere less with his clothing and be less in the way, and still guide him against the particular movement that leads to the trouble.

DR. KREIDER.—Mr. President, I would say right here that practice is always better than theory. I applied it first in the manner the doctor has stated, but was afterwards forced to apply it differently, as it seemed to cut off the circulation of the blood.

DR. BUCK.—If there had been an arrangement whereby the stricture of the bandage could be prevented, it seems to me it would be better. The clasp of the bandage around the arm could be prevented.

DR. KREIDER.—I would just say here that the bandage used was a heavier one than the one exhibited here. The heavier bandage acts with more force, of course, than a lighter one.

DR. GEIGER.—I should think, Mr. President, an inelastic belt bandage, connected with an elastic belt, would do better.

THE PRESIDENT.—A few words will indicate my idea of the application of this bandage. It seems to me a many-tailed bandage would answer the case better perhaps. It would hold the arm in place and yet not be cumbersome—I mean a many-tailed elastic bandage.

DR. GEIGER.—Mr. President, I cannot understand how a bandage of three or four

months can be "reminder." It ought to be a "preventer." A man gets used to suspenders, and so, in the same way, he would get used to this bandage. It must be an actual impediment.

SELECTIONS.

THE TREATMENT OF INTUSSUSCEPTION.

BY FREDERICK TREVES, F. R. C. S.,
Surgeon to, and Lecturer on Anatomy at, the London Hospital.

[Read before the Medical Society of London.]

In order to give precision to the data upon which the various modes of treatment adopted in intussusception are based, it is necessary to consider briefly certain points in connection with the anatomical and clinical forms of invagination, the morbid changes, the prospects of spontaneous cure, and the general mortality of the disease.

If all forms of intestinal obstruction—exclusive of those due to hernia and congenital malformation—be classed together, it will be found that the cases of intussusception will form 30 per cent of the whole. The affection, therefore, may be considered to be a common one.

From an anatomical point of view, intussusceptions may be divided into four kinds—enteric, colic, ileo-cecal, and ileo-colic. The relative frequency of these varieties may be represented respectively by the following proportion in every 100 cases of invagination—30, 18, 44, and 8. In the enteric form, the small intestine, and usually the lower jejunum, is alone involved, and the resulting tumors are generally small. In the colic, the colon is alone implicated, and most commonly that part to the left of the transverse colon. In the ileo-cecal intussusception—the most frequent form of all—the terminal part of the ileum, carrying the ileo-cecal valve at its apex, is turned into the cecum; while, in the ileo-colic, the ileum is prolapsed through the valve, and following upon such prolapse is a secondary invagination of the cecum into the colon. The colic form is, as a rule, chronic, while the remaining varieties usually assume an acute or subacute course.

From a clinical standpoint, intussusception may be separated into four classes: 1, the ultra-acute, in which death follows within twenty-four hours; 2, the acute, in which the disease runs its course in from two to seven days; 3, the subacute, in which the period is extended to between seven and thirty days; and, 4, the chronic, in which the duration of the malady has extended beyond thirty days. The first named variety is exceedingly rare, and would appear to be invariably fatal. Of the remaining varieties, out of every 100 cases, about 48 will be acute, 34 subacute, and 18 chronic.

Intussusception is most commonly met with in children; and, indeed, no fewer than 50 per cent of all cases occur under the age of ten years. It is among the young also that the acute forms are especially met with, while chronic cases are most frequent between the ages of 20 and 40.

With regard to the principal pathological changes in invagination, it may be pointed out that they tend to lead to grave conditions—to obstruction of the bowel, and to strangulation of all that part involved in the intussusception. These two conditions need not coexist; one may be present without the other. Moreover, mere invagination does not of necessity lead to either condition, as is shown in the earlier stages of some cases of chronic intussusception, where for weeks it may be said that there is neither gross obstruction of the bowel, nor strangulation of the intussusception.

The strangulation when it exists, depends primarily upon compression of the mesenteric or mesocolic vessels, and secondarily, upon the constriction offered by the neck of the intussusception, a constriction that becomes potent as the intussusception becomes more and more swollen and engorged.

Among the principal causes of obstruction of the bowel in these cases, the following may be mentioned. 1. The orifice of the intussusception—as representing the lumen of the bowel—is rendered slitlike and narrow by the dragging of the mesentery, and is moreover, frequently opposed to the wall of the intussuscepting part. 2. The inner and middle cylinders are much bent upon themselves, especially in cases where the small intestine is involved. 3. These cylinders may become enormously thickened by congestion and inflammation. 4. The lumen of the bowel may be plugged by coagulated blood or by ingesta. 5. There may be a polyp at the apex of the intussusception.

The two circumstances. however, in the pathology of intussusception that bear most directly upon the question of treatment, are those having reference to the conducibility of the invagination, and the conditions that lead

to spontaneous cure. It is evident that, as soon as the intussusception has become irreducible, all treatment by means of forcible enemeta and insufflation ceases to have effect; and that, even if laparotomy be performed, it may prove futile without further operative procedure. The term irreducible must be accepted in a relative sense. There are intussusceptions that can be reduced after the expenditure of considerable and undesirable force. There are others that are absolutely irreducible. From a practical point of view, however, the two classes of case must be placed together.

The chief causes of irreducibility in an invagination are the following: 1. Adhesions form about the neck, or over the whole or part of the opposed serous surfaces of the inner and middle cylinders. So far as I know, the existence of these adhesions is not to be certainly diagnosed. They may be absent in invaginations that have lasted for weeks, and present in others within three days of the onset of the malady. They are met with in about 80 per cent of the cases of chronic intussusception, and in about 45 per cent of such cases as are acute. It will be unnecessary to point out that quite recent adhesions are too soft to offer much resistance to attempts at reduction. 2. The intussusception becomes greatly swollen. The swelling is met with principally in two places —at the apex of the intussusception, and alog its convex side. Such swelling may offer an absolute bar to all attempts at reduction, even when no adhesions exist. It is the chief cause of irreducibility in acute cases. 3. The inner and middle cylinders may become acutely bent upon themselves, or much twisted or contorted. 4. In the ileo-colic form, the valve offers a serious obstacle to reduction; and, in cases where a polyp has led to an invagination, the tumor may form a bar to the restoration of the parts to their normal condition.

The next matter concerns the question of spontaneous cure in intussusception. The question is one of considerable interest, and one that has conspicuously influenced the whole subject of treatment of this affection. It is well-known that, in any cases of invagination—excepting those that are ultra acute and some that are following a persistingly chronic course—spontaneous cure may follow the elimination of the gangrenous intussusception. Such cure has taken place in cases marked with symptoms of the gravest character, in cases where the patient has been lying in extremis, and in a condition that has been considered to forbid any operative interference. Indeed, it may be said that, within certain limits, no case may be regarded as so desperate as to be beyond all hope of relief by spontaneous elimination.

Patients thus relieved have made excellent recoveries, and have apparently suffered no inconvenience, even in cases where several feet of intestine have been lost.

It has been stated that patients who have recovered after the elimination of a portion of gangrenous bowel, are liable to a stricture of the intestine about the line of separation. An extended examination of the literature of intestinal obstruction, and of a large series of museum specimens, shows, however, that this possible sequela must not only be regarded as uncommon, but as quite rare.

It remains now to consider what are the precise prospects of spontaneous cure that may be held out to a patient in any given case.

Spontaneous elimination takes place in about 42 per cent of all cases of intussusception. It must not, however, be for a moment assumed that all cases of spontaneous elimination, are followed by recovery. With the mortality that attends such elimination, I shall deal subsequently.

Spontaneous elimination is greatly influenced by the site of the invagination. In the ileo-cecal forms, it occurs in about 20 per cent of the cases; in the colic form, in 28 per cent; and, in the enteric variety, in 61 per cent. It will thus be seen that the charge is most infrequent in the commonest form of intussusception.

It is much influenced also by the patient's age, as the following table, drawn up by Leichtenstern, well shows:

			Per cent of cases.
In patients under 2 yrs, it occurred in		-	2
Between the 2d and 5th yr.	"	-	6
" 6th " 10th	"	-	38
" 11th " 40th	"	-	40
" 41st " 60th	"	-	44
Above the age of 60 years	"	-	46

Here again it will be seen that spontaneous elimination is most rare in the patients among whom intussusception is most common.

As to the period of time, in the course of the malady, at which it occurs, it has been observed at the end of the third and fourth days of the disease on the one hand, and as late as the sixth or seventh month on the other. The great bulk of the cases fall between the tenth and thirtieth days of the affection.

Now, in over 40 per cent of the subjects of spontaneous elimination, death follows from effects directly connected with the original lesion, or with the process of elimina-

tion. In some the gangrene has led to rupture or perforation, or to an ulcer about the line of separation that has subsequently perforated. Others have succumbed to hemorrhage or to diarrhea, or the gangrenous mass has blocked the intestine, or a portion of the intussusception left behind has led to a new and fatal invagination.

The mortality is much influenced by age, as the following table shows: In cases between the ages of 11 to 20 years, death, after spontaneous elimination,occurs in 28 per cent of the cases. Between 21 and forty years it rises to 32 per cent, and between 41 and 50 to 36 per cent. In patients between 51 and 60 the mortality is no less than 50 per cent, while in those over 60, it is 85 per cent. Thus the mortality is higher relatively at the very ages when spontaneous elimination is most common.

Spontaneous elimination, therefore, holds out somewhat delusive hopes, and affords but the feeblest support to the expectant treatment. If 100 cases of invagination be taken in children under 11 years of age, it may be safely reckoned that not more than twelve out of that number will be the subjects of spontaneous cure. Yet no fewer than 50 per cent of all forms of invagination occur in patients of this age.

Before leaving the subject of spontaneous cure, it may be noted that there is much evidence to support the belief that some intussusceptions, of short standing and of moderate degree, may reduce themselves, especially when the patient is under the influence of opium. The data, however, that are available in connection with this subject are not yet of a character to definitely effect any schemes for treatment.

The general mortality of intussusception is no less than 70 per cent. It is highest in the young; and in infants under one year the disease is exceedingly fatal. In over 60 per cent of all fatal cases death occurs before the seventh day.

From these facts I think that the following axiom may be deduced: The treatment of intussusception should be prompt and active, and no reliance is to be placed upon expectant measures. In dealing with the detailed treatment of intussusception, it will be most convenient to limit the matter to the treatment of the acute and subacute forms.

I think that, as the very first element in the treatment, opium should be given. It has been shown that intussusception depends upon disordered peristaltic movements in a limited segment of the bowel. This may be considered to have been proved by the remarkable experiments of Nothnagel for producing artificial invaginations in animals. Certain, at least, is it that intussusception increases by the sole aid of the muscular movement in the bowel. Opium stills all peristaltic movements, and places the bowel in a condition of physiological rest. When a patient is under the influeuce of the drug the intussusception cannot well increase in size, although the process of strangulation may still progress. The pain, moreover, is checked, the symptoms of shock are relieved, the pulse improves, the temperature rises, aud the vomiting becomes less frequent and less distressiug. There is, as I have already said, little doubt but that certain cases of intussusception have yielded to the early and vigorous use of opium, although, in such instances, but slight changes can have taken place in the intussusception. By the administration of the drug, moreover, the patient is placed in the most favorable possible position for the employment of further treatment. If attempts be made to reduce the invagination by enemata, the injections will be brought to bear upon a bowel whose walls are inert and not responsive to irritation. The enemata then excite no undue peristaltic movement, but can act with their full force upon the invaginated parts. Or if, again,laparotomy be performed,the intestines will be found to be quiet and still, and not in a state of turbulent unrest. The drug must be given with caution, and its effects closely watched. It must not be forgotten that opium may mask the principal symptoms, and may bring about so great a relief that the surgeon may be misled into believing that a permanent cure has followed.

With regard to the question of feeding, no nourishment should be given by the mouth in acute cases. At the most, the patient may have a little ice to suck. In acute cases the question of feeding does not really arise. If any treatment be adopted at all, it must be adopted early, and before the question arises of keeping the patient alive with food, he will be either convalescent and well able to take nourishment, or on his way to death and beyond hope. Much harm is done by pressing food upon the patient in acute cases. The food is rejected almost as soon as it is swallowed. If retained in the stomach it will not be digested; and if it pass into the bowel it will merely excite peristaltic action. It can do no possible good; it may do much harm. If much thirst be complained of it can be relieved by enemata of pure water; and in certain exceptional cases nutriment may be given by the rectum. In subacute cases, when the vomiting is not marked, small quantities

of food must be administered by the mouth or by the rectum. In chronic cases, the feeding of the patient is one of the most important elements in the treatment.

The next element in the treatment consists in attempting to reduce the invagination by enemata. In acute cases this measure should be adopted as soon as the patient is under the influence of opium. In a really acute case no benefit can be expected to attend the use of enemata after—as an extreme period—the second day. Forcible enemata, given at a later stage, in acute cases, have led to rupture of the bowel; and even when such an accident has not occurred, they have appeared to do little but harm. In subacute cases successful reduction by injection has followed at almost any period of the disease, even after ten, fourteen, or twenty days have elapsed. With every day that passes, however, the chances of such reduction very rapidly diminish. In this treatment some use enemata of water, and others insufflation of air. The former means is certainly to be preferred. In infants and quite young children the enema should be administered while the patient is under the influence of chloroform. In older subjects no anesthetic is required, and the patient's sensations are of the greatest value in estimating the amount of force to be employed. In any instance, opium should have been previously administered. Pure water should be used at a temperature of 99. Cold water merely excites peristaltic movement. The injection should be effected slowly, either by means of a siphon apparatus, or the very excellent instrument for air inflation, introduced by Mr. Lund. By means of the elastic pad and handle of the last named instrument, all escape of fluid from the anus can be well prevented.

No rules can be given to determine the amount of force to be employed. The more recent the case, the more considerable may it be. In subacute cases, the degree of pressure employed should be at least moderate. In any case, the injection should be retained for at least fifteen minutes. The best positions in which to administer the enema are the knee and head, knee and elbow or lateral abdominal. It is difficult to understand how inversion of the patient can be of the least assistance in applying this treatment. For an inflation, there is no instrument so admirable as that introduced by Mr. Lund.

Enemata of carbonic acid in these cases are, I think, to be decidedly condemned. A considerable degree of success has attended the treatment by enemata and air-insufflation; and it is probable that the results would be still more fortunate if more careful discrimination were exercised in the selection of cases suitable for these methods. In not a few instances, the invagination has been reduced, with the exception of the part about the neck. Some relief has followed for awhile such partial reductions; but it has been temporary, and the disease has progressed, after an interval, with its original force. As the result of this treatment is best to be estimated by a repeated examination of the invagination-tumor, it may be observed that such a tumor is to be discovered either through the abdominal parietes or the rectum in nearly 50 per cent of all cases. It is most common in the ileo-cecal and the colic forms, most rare in the ileo-colic and enteric. It is usually more distinct in children than in adults.

Failing reduction by these means, I would urge that, in acute and subacute cases, laparotomy should be performed without delay. It is the delay,and not the operation,that is so serious in these cases. As well might a surgeon hesitate to perform kelotomy in a case of strangulated hernia after all attempts at taxis have failed. Laparotomy is regarded as a last resort in these cases, whereas it should be looked upon as almost the first resort. There is no middle course open. Of certain other modes of treatment, such as that by massage, electricity, the use of metallic mercury in large doses, it can only be said that they waste precious time, and are merely useless when not harmful. Their employment is in opposition to the chief teachings to be derived from a study of the pathology of the disease. Modern surgery has shown that the opening of the abdomen is by no means a serious undertaking; and in discussing laparotomy in these cases, there is this operation on the one hand and a disease with a mortality of 70 per cent on the other. I have already pointed out how slender are the prospects of spontaneous cure. Still more slender are the prospects of the acute or the subacute disease becoming chronic. It is only in a very small percentage of cases that this change from acute to chronic disease has been noticed; and it must, moreover, be remembered that the mortality of chronic intussusception is exceedingly high. Among 59 examples of the chronic disease collected by Rafinesque, there were no fewer than 51 deaths. It is true that the present mortality after laparotomy in intussusception is very high; but it can be shown distinctly that this is due to the delay in the operation, to the custom of regarding it as a last and desperate resource. A like high mortality would at-

tend ovariotomy if that proceeding were, as a rule, postponed until peritonitis had set in or until the cyst had become gangrenous, or had ruptured.

When it is remembered that, of those who die of intussusception, no fewer than 80 per cent die before the seventh day, it will be obvious that the surgeon is dealing with a disease that will not brook much delay.

I would urge that, in really acute cases, the operation should be performed within the first forty-eight hours, and, if possible, within the first twenty-four hours, when the patient is an infant or a very young child. The frightful mortality of the disease among such patients would sanction almost any operation.

The procedure, when undertaken, should be carried out with strict antiseptic precautions. In all but exceptional cases, the incision is most conveniently made in the middle line below the umbilicus. The whole area of the abdomen can be well explored through such an incision, and any form of invagination dealt with. If the incision be made over a tumor at any other part than the middle line, the surgeon is rendering himself dependent upon a very precise diagnosis, and in cases of extensive invagination may find his manipulations much hampered by the position of the wound. The intussuscepted mass should be, as far as possible, exposed in the wound, and attempts at reduction made in cases where the state of the gut would encourage such attempts. Reduction of the invagination is best effected by dragging upon the entering bowel with one hand, while the intestine about the lower end of the intussusception is gently squeezed with the other. If the bowel be found to be in a viable condition after reduction, the coil may be replaced in the abdomen, and the parietal wound closed. I am strongly of opinion that a drain should be introduced into the abdominal cavity when any evidences of more than limited peritoneal inflammation exist. The principal feature of the after treatment should be the maintaining of perfect rest in the bowel—an end effected by the administration of opium, and by feeding the patient, as far as possible, by the rectum only.

The general mortality of laparotomy in intussusception is 72.7 per cent, as estimated from 33 recorded cases. In the instances, however, where the reduction was easy, the death-rate was only 30 per cent; while, in the cases where it was difficult or impossible, the mortality was 91.3 per cent.

It is difficult to too strongly condemn violent and long-continued attempts at reduction in these cases; and it is needless to criticise certain cases in which a portion of gangrenous bowel has been allowed to remain in the abdomen after the operation. Should the reduction of the invagination be difficult or impossible, or should the bowel be severely damaged, or in a state of partial or complete gangrene, the whole of the involved parts should be at once resected. The involved segment should be drawn out of the wound, and placed upon a flat sponge, so that any escaped matters may be absorbed. The opening into the abdomen also, all around the involved loop, should be plugged with sponges, to prevent the entrance of fecal matter into the peritoneal cavity. The intestine above and below the part to be resected should then be secured by one of the many clamps invented for the purpose. The diseased bowel should now be excised, together with a triangular piece of the mesentery, the base of the triangle corresponding to the portion of bowel to be removed. The mesenteric arteries will need to be secured. The edges of the gap in the mesentery should then be approximated by means of many points of minute suture; and finally, the divided ends of the bowel should be secured to the margins of the abdominal wound, and an artificial anus established. This artificial anus can, at a future time, be closed by the now familiar resection operation, and the loop, so united, returned into the abdomen. The practice of uniting the divided ends of the bowel, immediately after the resection, is, for many very pressing reasons, to be condemned.

It may be well to point out that neither enterotomy nor colotomy can lay claim to be of value in the treatment of non-exceptional cases of intussusception. These operations certainly relieve the obstruction; but they leave in the abdomen an invaginated intestine, in which the process of inflammation and gangrene can still advance.

The operation of resection has now had an extended trial. Reichel, in a recent paper, collected one hundred and twenty-one cases in which the procedure was carried out. The technical details of the operation have been elaborated, and this method of treatment bids fair to play an important part in the future of abdominal surgery.

—Prof. Brinton teaches that in fractures in the middle of the clavicle, the inner fragment is not elevated by the cleido-mastoid, as is generally supposed, but that the outer fragment, by force of gravity and weight of the arm, is pulled down, thus making the inner fragment appear as if drawn upwards.

CORRESPONDENCE.

REPORTED CASES OF CHOLERA IN ST. LOUIS.

St. Louis, Jan. 22, 1885.

Editors Review: In accordance with your request I send herewith a brief statement of the facts concerning the two cases of "cholera," notice of which has found its way into the daily papers.

The first case was that of negro living at 1610 Gay street, a stoker at the iron foundry of Shickle, Harrison & Co. He had complained on Tuesday of being unpleasantly affected by the coal gas, had been somewhat indisposed on the two following days, and on Thursday evening when he returned home from his work, he went to bed sick. On Friday morning, Dr. H. H. Mudd saw him for the first time and found him suffering from symptoms of cholera. There were vomiting, purging, rice-water stools, and cramps, cold extremities, etc.

Saturday morning Dr. Mudd reported the case to the Health Department as a very suspicious one, the man being then in a condition of collapse. Dr. Mudd invited Dr. Dorset, the dispensary physician, to see the case, which he did early in the afternoon, when the symptoms of collapse were profound, pulse at the wrist was indistinguishable; at the temporal artery pulsation could barely be detected. The patient said that he was then free from pain. He died that night. He passed no urine from the time when Dr. Mudd first saw him until his death. The cause of death as given in the certificate was "choleraic diarrhea."

The other case was that of a Jewish peddler who ten days before came to the city from New Orleans having gone from New York to that city. He had been slightly indisposed for a couple of days, but ate his breakfast as usual on Sunday morning, and about nine o'clock while playing a game of cards was taken with diarrhea and this was accompanied with vomiting. The symptoms soon became distressing, then alarming, and at two o'clock, at his own request, an ambulance was sent for and he was sent to the hospital. He was in profound collapse when he reached there, and by five o'clock he was a corpse. Dr. Dean's diagnosis was "cholera nostras."

It will be remembered that three cases of "cholera" were reported here last summer, one being reported by Dr. Gregory, who certainly is no alarmist and who as certainly knows the disease when he sees it. Dr. Dorsett tells me that at that time there was an unusual prevalence of diarrheal diseases in the city. While no one would suppose that these recent cases or those of last summer were cases of Asiatic cholera, or that they of themselves are any serious ground for alarm, they do seem to me to signify the presence of a subtle influence, atmospheric or other, in our community which predisposes to more or less serious forms of diarrheal disease, and to emphasize very strongly the importance of placing the city in the best possible sanitary condition.

The Committee on Sanitary affairs in both houses of our municipal assembly should bestir themselves and expedite in every way the enactment of the ordinances now before them for the closing up of unwholesome wells, for cleansing and properly constructing privy vaults and for appropriating the money necessary for a thorough inspection of the city in order to secure the discovery and abatement of nuisances, much of which can be accomplished with infinitely greater safety in cold weather than after the spring has well advanced.

Yours truly,

E. M. Nelson, M. D.,

Member Board of Health of the City of St. Louis.

WHAT IS IT?

Editor Review:—There has been a disease going the rounds about me that I never have seen before and am unable to find described in any of the writers at hand. I wish some of your readers would furnish me with a name if they know what it is. I have had excellent opportunities for observing the disease, as three of my own children have been amongst the afflicted. As these three cases are good types I will briefly describe them:

Case I.—J. H., a very strong, healthy girl of four years; complained in the evening of not feeling well; face somewhat flushed, pulse about ten beats above normal. Went to bed quite early, was restless and moaned in her sleep. I gave mixture of spts. nitre, spts mindereri and tinct. opii camph. twice in the night. In the morning every part of her body, including the extremities, was covered with a fine papillary eruption. At the first glance I said, that child has scarlatina, but on passing my hand over the skin the papillæ could be plainly felt. I examined the skin very carefully and having had considerable experience with scarlatina, was positive this was not that dread disease. The child laid down most of the day, but at noon the eruption began to fade and by 6 p. m. it had entirely disappeared. That night the child rested well and appeared

perfectly well in the morning, only she complained of her ankle joints hurting. This was gone in twenty-four hours. The urine was high colored, odor offensive, loaded with urates. No albumen at any time.

CASE II.—Annie H., æt. 8; a healthy child. Was taken a week after Case I. recovered. Did not get up at breakfast; complained of her head feeling bad; had a quick pulse; dry hot skin; tongue white; bowels constipated. I looked for the eruption but the skin was not discolored; on passing my hand over the surface it felt as though very fine shot were thickly scattered under the cuticle. By noon the whole surface was of a deep red, streaked with very fine lines of white. The eruption was the same as in Case I. This child was sick for four days; had a mild sore throat; high fever; no appetite. As the eruption slowly faded out its papillary character became more distinct. On the fifth day she was out of bed, but had some stiffness of the knees. This passed off in two days.

The third case was like the second; only the fever was not high, but the child was quite ill for several days; there was no desquamation, no albumen in the urine I have seen at least a dozeu cases of this disease, and there have been a large number to which I was not called. All have recovered promptly with the exception of those in one family treated by one who pretends to be a homeopath; these children have been six weeks ill and one is still far from well.

I have kept the bowels open with saline cathartics and have administered diuretics freely. I believe my treatment has gone the rounds of the vicinity. Will some of your readers tell me what to call this eruptive fever?

FRED HUTCHINS, M.D.

Loyalton, Cal., January 10, 1885.

To our correspondent from Loyalton, Cal., we suggest that the cases in question were almost certainly Roetheln or German measles.

ITEMS.

—The Medicines Physicians Use.—Squibb's Ephemeris gives an analysis, containing some points of interest of some observations made by Dr. Wm. P. Bolles on the prescriptions which he found on the files of three Boston pharmacists. The number counted was 3,726, which were pretty generally from physicians of that city. The number of articles entering these prescriptions was 504, the whole number contained in the U. S. P. for 1880 being 994. Of the 504,-236 occurred 5 or more times; 157, 10 times; 80, 25 times; 27, 50 times; 9, 100 times; 1, 200 times. Sulphate of quinine leads the list, and is found in 292 of the 3,726 prescriptions; sulphate of morphine in 172; bromide of potassium in 171; iodide of potassium in 155; tincture of chloride of iron, 134; subnitrate of bismuth, 133; glycerine and syrup together, 120; syrup, 108; carbolic acid, 92; extract nux vomica, 87; paregoric, 80; bicarbonate of soda, 77; calomel, 72; chlorate of potassium, 71; compound tincture of gentian, 67; lime water, 65; and so on down. It will thus be seen that of the 994 articles of the Pharmacopeia, only 18 occur more than 65 times in 3,726 prescriptions, and of these 18, three are vehicles or adjuncts which are in such common use as to bring their numbers into prominence. Dr. Squibb regards it as surplusage of a very useless kind to have a drug in substance, in abstract, decoction, infusion, extract, fluid extract and tincture. He says the individual habits of physicians are the cause of much of this surplusage. One of the remedies for this evil he points out as follows:—"The individual preferences of physicians are largely prejudices adopted from teachers in the schools, and, therefore, if the schools would but reason upon the subject, and direct only the best preparation of each drug, a needed reform in the Pharmacopeia would soon follow, and the pharmacists' supplies would be much fresher and more trustworthy.—Med. Age.

—For the sweating of phthisis, Prof. Bartholow advises:

R. Acid. gallici, - - drams ss
Ext. belladonnæ, - - gr. ij.
Ft. pil. x.
Sig.—Two pills at bedtime.

—A favorite prescription of Dr. DaCosta in marked idiopathic anemia is:

R. Ferri sulph., - - drams j.
Potassii carb., - - drams j.
Ft. pil. No. xl.

Sig.—One after meals for first week; increase dose in second week, etc.

If the patient is a female, suspend treatment during menstruation.

—Dr. Graham remarks: "That, let a fisherman fosake his boat, or a blacksmith his anvil, or a carpenter his bench, or a shoe-maker his shop, and proclaim that he has made the wonderful discovery that he is full of magnetism and can cure all diseases, and, be he ever so uncouth and ignorant, he is likely to have in a remarkable short space of time a large clientele of educated gentlemen and ladies."

—The closing of "a faith cure" establishment was ordered by the grand jury of Denver [Northwestern Lancet]. Three deaths are said to have occurred there from inanition since Christmas.

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THE METRIC SYSTEM is steadily gaining ground and is evidently destined to displace the "apothecaries' weights." We are acquainted with several physicians who took it up a long time ago, and finding that the druggists were frequently under the obligation of calculating the relative apothecaries' weights, renounced the practice. This objection, to an extent a valid one, is daily becoming of less importance, as there are few respectable drug stores without the metric weights and measures. There is, however, another difficulty in the absence of bottles manufactured on the metric scale. In order to prescribe according to the spirit of the metric system the old quantities of 1, 2, 3 or 4 ounces should give way to some multiple or submultiple of ten cubic centimetres. As yet we are not aware that such bottles are made in this country; or,at any rate, they are not found in drug stores, and there is an almost insuperable antipathy among druggists to delivering a bottle that is not filled to the regulation height. As, however, it is probable that the United States Government will at no very distant date adopt the metric system, such new impetus will be given to the general adoption of the system that even the older members cannot afford to remain unfamiliar with its special features. The bill now pending in Congress provides for the adoption of the metric system in the departments of Government from and after March 4, 1889.

TRANSMISSION OF SYPHILIS.—Kassowitz of Vienna, formulates the mooted points of this question as follows:

1. The observation of many physicians, especially pediatric practitioners, proves that women, who never exhibited symptoms of syphilis give birth to syphilitic children. In these cases there is no doubt that the virus is contained in the spermatic secretion of the father.

2. In many cases the mother subsequently shows no syphilis. Therefore in such cases no infection of the mother by the child has taken place.

3. A retroinfection of the mother by the fetus is theoretically possible but not definitely proven.

4. However, it is beyond doubt, that those mothers of syphilitic children, that never showed symptoms of syphilis, are much less receptive for syphilitic infection than other individuals.

5. Such women are not to be considered in a latent syphilitic state, because first: All objective signs are wanting; and second: They give birth to healthy children when impregnated by a healthy male.

6. It is a fact that women with recent syphilis may give birth to healthy children. The virus is not transmitted from mother to child in such cases; and such children have a certain degree of immunity to syphilitic infection.

7. In some few cases a transmission of the virus from the mother, that was infected during pregnancy, to the healthy fetus has been proven.

EPILEPSY.—Prof. W. Pepper, in a paper before the American Medical Association, thus expresses himself (Canada Med. Record) relative to the above named question:

"Every one is liable to convulsions; it is merely a question of the provoking cause required.Provoking causes cannot be found in all cases of epilepsy, but the more closely they are sought for, the more frequently will they be found. A careful study in this direction is of the greatest important in every case.

Among the most frequent provoking causes may be mentioned indiscretions in diet or improper food. This may act in different ways, by exciting local irritation of the mucous membrane, which will act in a reflex manner, or it may induce a condition of toxemia from the admission to the blood of imperfectly elaborated elements, or from the failure of the emunctories to remove some product of mal-assimilation. In many of the cases seen by Dr. Pepper the attacks bore a close analogy to the spells of vertigo induced in lithemic patients by indiscretions of diet. In this connection allusion may be made to the fact that the injection of the normal digestive ferments into the general circulation is capable of inducing serious nervous symptoms, even convulsions and death.

Scarlatina is frequently followed by epilepsy. In some cases this is explained by the tendency to wide-spread tissue change, so that impaired nutrition of the gray matter might be expected to occur at times. In other cases this disease may act by leaving such a degree of renal insufficiency as will, under comparatively slight causes, lead to toxemia, from the retention of mal-assimilated materials. It does not seem necessary that such a condition should reveal itself by the presence of albumen in the urine, although Huppert states (Archiv. für Psychiatrie, 1877, p. 169) that immediately after an epileptic attack albumen is almost invariably present, and hyaline tube-casts can frequently be found.

In those cases in which the morbid state of the nervous system has been brought about by sunstroke or exposure to excessive heat it will be often found that attacks will be induced by undue exposure to the rays of the sun, or even to intense light. When the nervous instability is associated with cardiac lesions I have frequently noticed that muscular exertion or excitement of the circulation directly induced the attacks. In all cases mental excitement or too close application, or sexual excess, will favor the occurrence of the seizure. These causes are operative on account of the constitutional susceptibility.

It is often stated that epileptics are in full health. This certainly does not accord with my experience. Careful study has usually shown some derangement or impairment of important functions.

The principles of rational treatment must follow from such considerations as the above. No one plan of treatment is applicable to all, or even to a large majority, but each case requires separate study and special line of treatment.

The primary cause should be removed if it can be discovered, and the same is true of the provoking cause. The leading principles of treatment are to relieve anemia, neurasthenia and morbid susceptibility by diet, change of occupation, change of residence and rest. Intestinal irritation should be removed, especial reference being made to an absolute milk diet long continued. Other special forms of diet are required in certain cases. Nitrate of silver is of a particular value in those cases where gastro-intestinal irritation is a prominent condition.

Over-exertion should be avoided in all cases and especially in cardiac cases. Excitement and over-exertion of mind should also be guarded against.

Counter-irritation should be employed, the best effect being obtained from the actual cautery, and this is of special value in those cases where definite intracranial irritation is suspected,as after insolation. The cautery occaionally exerts a good effect in organic cases.

Trephining is valuable in a considerable number of cases, when circumscribed lesion of the cranial bone is suspected.

The removal of genital irritation is important, the question of circumcision being the most important. Its value has, however, probably been overestimated.

It is important to arrest the attacks, if possible, for their continuance strengthens the bad habit, and renders subsequent attacks more readily developed. The use of the ligature to arrest the aura, nitrite of amyl and other expedients may be employed. Various

drugs are to be recommended such as the bromides, belladonna and assafetida, enemas of chloral, iron and other tonics. The great value of the bromides is recognized but caution is to be given in regard to their frequent failure, their abuse and their dangers.

The danger of drifting into a routine treatment is greater, and its results more disastrous in this disease than any other."

Etiology of Phthisis (Retrospect British Medical Journal),—During the past year, evidence has not been wanting that great diversity of opinion still exists as to the etiology of phthisis pulmonalis. At the same time, the fact of the constant occurrence, in cases of the ordinary type of the disease, of the bacilus described by Koch, has been firmly established, and must now be universally recognized· The diversity of opinion is to be met with rather in the varying importance attached to the part taken by the bacillus in the production of the disease and of its lesions. Dr. Douglas Powell's thoughtful address before the Section of Medicine at the annual meeting at Belfast, probably represented very correctly the view held by those who look at phthisis from the clinical aspect. Accepting the facts, of experimental pathology, but disregarding those crude theories which some have founded on them, he showed how the infective doctrine explained how the lesions of phthisis tended to be inveterate, why they were infective, and how, under a combination of peculiar circumstances, they might even become contagious. But, beyond this, we have to recognize the existence, not only of a predisposition largely hereditary in its nature, but also the general occurrence of a pretubercular stage of phthisis corresponding with the catarrhal stage of Niemeyer. Lastly, it must be also admitted that, in the words of Addison, quoted by Dr. Powell, "inflammation constitutes the great instrument of destruction in every form of phthisis." The confirmation afforded by the discovery of Koch to the infective theory of the nature of tuberculosis, is apparently calculated to be of greater use to the administrator than to the physician. In the management of prisons, asylums, and orphanages, the possible infective nature of phthisis can never be lost sight of.

Announcement.—The Review in the future publishes the proceedings of the St. Louis Medical Society by long-hand report only, and arrangements have been made for an exhaustive synopsis of all papers that may be presented and read. Considerable space will be so made available and the management have amply provided to fill it with matter of interest and value. Two clinical lectures each month from New York and one each month from Philadelphia are to be published. In addition to our regular New York and London letter,a correspondent at Philadelphia has been engaged and negotiations are instituted for a correspondence from Leipzig probably. The University of Leipzig appears especially fit as a source of a German letter, for there on account of its geographical site, both the Berlin and Vienna happenings are duly noted and closely followed. In addition we call attention to the proceedings of the Chicago Medical Society, which will be recorded in our pages.

We call upon our readers for contributions, reports and correspondence.

The "Lancet's" Explanation of "Colds."—Some of us are modest enough to confess our incompetence to give any satisfactory explanation of the phenomena associated with the complex idea usually expressed by the phrase "taking cold." No difficulty, however, is involved in sufficient obscurity to check the ardor of some minds. They seem to be imbued with the idea of such aphorisms as "A faint heart never won a fair lady" and they rush forward into clouds more dense than a November London fog. It is not always lost time to glance over the effusions of such authors. The following according to the Can. Med. Record from the Lancet, is a sample:

"Colds are chills, and chills are prolonged depressions of nerve-force, without the reaction which should occur immediately after

the collapse. Nineteen persons out of twenty misuse this word "reaction," and the misuse involves more than an error, or confusion of terms. There are three stages of every strong impression made on living organism. First, the attack—in this case the chill; second, the pause, like a dead-point, during which the organism is depressed—that is, lying under the stunning effect of the attack; and third, the reaction. "Reaction" cannot occur until after the dead-point, and the mistake commonly made is to speak of the stage of exhaustion or depression which follows any severe impression as the reaction, whereas it is precisely because no reaction occurs and the dead-point is prolonged that matters go amiss. The physiological, or perhaps we ought to say the pathological, process of a cold has been thus described: When the surface of the body or the air-passages are chilled by a draught, or by being drenched with rain and sitting in cold damp clothes, lying in damp sheets, and the like, the mischievous impression is made not on the skin itself or on the lining membrane of the air-passages, but upon the vast network of minute nerve-filaments, which lies beneath these membranes, and connects the surfaces of the body—both external and internal—with the nerve-centres, which are the sources and foci of energy and power. These nerve-centres receive, through the multitudinous branches of telegraph-like afferent nerves converging to them, a shock or staggering impression, which for the moment paralyzes them; and during this paralysis or stupefaction the vaso-motor, or vessel-contracting centre, whose peculiar function it is to regulate the calibre of the blood-vessels, gets the upper hand, and these blood-veseels are contracted so that they carry less blood than usual. The smaller branches of the arterial system, which form a net-work immediately underneath the skin and give it its bright pink color, are so reduced in "bore" or calibre—as any elastic or compressible tube may be reduced—that the red blood does not flow through them, and the surface looks pallid. This is the first effect of "chill." Presently comes the recovery from this state, or the "reaction" as it is called,when the first effects of the shock have passed away and the centres begin to revive. Now occurs the critical moment. If the shock has been great, and the recovery is slow or imperfect, as often happens in a depressed or what is called a "delicate" state of the organism, the vaso-motor centre, which of course shares the general depression, though it is not the first to feel it and show it, will give way before the reaction is established; and then the heart, bounding in its recovery, pumps its blood into unduly yielding and unstrung vessels, and dilates them and local congestions or accumulations of blood may take place, while the absence of proper resistance excites the heart to tumultuous action, and the disturbances of fever and inflammation occur. It is a question of the balance in power between two parts of the nervous system, the general and the particular—the latter being the centre that regulates the calibre of the blood-vessels—and this practically resolves itself into a question of time. If the reaction of the general nervous system be quick, there is a rush of blood to the surface-vessels, and due resistance being found, the heart quickens its pump-like action, and the sweat-glands are thrown into activity, so that perspiration ensues. If, on the other hand, the vaso-motor centre has participated seriously in the shock of the chill, the muscular coats of the vessels are not properly contracted; they have lost their tone. Then the blood propelled to the surface simply dilates the vessels, so that there are the redness and heat of "fever" or pyrexia, and the skin remains dry; there is rapid action of the heart, partly because there is less than the normal resistance to overcome, and partly because the vagus fails to exert its inhibitory action, and both the muscular structure of the heart and the respiratory centre are left uncontrolled, but the current of the blood moves slowly through the vessels, and the heart-wave is perceptible in the arterioles, and is present in the capillary area.

Coincident with these mechanical actions and reactions, involving departure from the healthy condition of the circulation, occur disturbances of the chemical processes of health, and consequently alteration in the nutritive relations of the various tissues of the organism and the blood. What then is a cold? Clearly it is a disturbance of the balance between the several parts of the nervous system, brought about by the shock of a sudden or prolonged exposure to the depressing effect of "chill"; although the same physiological results may be produced in the organism by the operation of any agent which is capable of giving the nervous system a similar shock, thus creating the same kind of disturbance. Nature's provisions against theconsequence of a "chill"and for the prevention of a "cold" are sneezing and shivering. A violent fit of sneezing often saves a chilled bodythe consequences of the nerve depression, or "shock," to which it had been subjected; and this shock may in its first impression be very limited in its area; for example, the small extent covered by a draught of cold air rushing through the crevice of a door or window. The nerve centres are aroused from their "colapse" by the commotion or explosive influence of the sneeze. If sneezing fails, nature will try a shiver, which acts mechanically in the same way. If this fails, the effects are likely to be very serious, and bad consequences may ensue. The popular notion reverses the order of events, and hence the saying: "If there is sneezing the cold will be slight, if there is shivering it will be grave;" whereas it is slight when sneezing suffices to recover the nervous system quickly from its depression, and grave when even strong shivering fails to do so In case of chill, with threatened cold, sneezing may be produced by a pinch of snuff of any kind. This is how some of the vaunted "cures"of cold by snuff are brought about. Or brisk exercise may ward off the attack. The popular idea is that the circulation is restored by these remedies; the true explanation is that the nervous system and centres are aroused. The first step towards an intelligent treatment of chill and cold is a scientific recognition of their nature."

Removal of Tumors from Brain, (Retrospect, British Medical Journal). — As our the knowledge of diseases of the viscera increases,as diagnosis becomes more accurate,and prognosis more far-reaching,so does the field of surgery slowly increase. Certain diseases of the abdomen have long passed under the control of the surgeon, and now we may confidently add the operation of nephrectomy to those triumphs of modern surgery which have done so much to alleviate human suffering, and to prove the reality of the progress of medicine; for, while we give all honor to the daring and skilfull surgeon who brings to a successful issue operations on the abdominal organs, it must not be forgotten that to the physician belongs the honor of having made such triumphs possible. Diagnosis must be brought to a very high state of perfection before the operator can be invited to apply the crucial test. Within the last few weeks, we have been able to chronicle an invasion of a region hitherto sacred from the surgeon's hand. The doctrine of the localization of motor-centres in the cerebral cortex, though it has received striking support from observations in the dead-house, and though it has been attended by a great increase in the precision of diagnosis of the locality of lesions of the brain, has received its first application to the relief of disease at the hands of Mr. A. J. Godlee who has operated on a patient suffering from tumor cerebri; the growth was a glioma, and its situation, in the upper part of the fissure of Rolando, had been accurately diagnosed by Dr. Hughes Bennett. The case is of great interest and importance. The patient recovered for a time from the effects of the operation, and the fits ceased; although hemiplegic, he appeared to be some days in a better condition than before the operation; he has since, however, died. It is, however, much too soon to form any trustworthy opinion with regard to the exact value of the operation; and the publication of the case, with elaborate comments, and the expression of sanguine hopes for the future of the patient, in a daily paper can only be regarded as an unfortunate indis-

cretion. The general public has doubtless a right to know, and an interest in knowing, when medicine triumphs over disease; but as yet this cannot be said with regard to tumor of the brain; nobody knows at present whether glioma is or is not malignant; Virchow thinks that it is not, others believe that it is; but such opinions are merely conjectures. The operation was fully justifiable, whatever its ultimate consequences, for the patient had given him a chance of life, and of life in a condition, not indeed of health, but of much physical comfort and usefulness; as it happened, it at least diminished suffering. It is not too much to say that this case marks an epoch in the history of medicine, and seems to demonstrate once more that the danger attending operative interference with the brain has been exaggerated, just as, a generation ago, the danger of interfering with the peritoneum was exaggerated.

The Therapeutics of the Western Practical Man and Some of our Professors East and West.—Dr. Squibbe, who has some means of getting an insight into the general character of good frontier men through their orders, says of them:

"Their materia medica proper is commonly simple, the articles not numerous, but effective, and rarely outside of the pharmacopeia, and their orders for the newest and best advertised remedies are often conditional, always in very small quantities and, as a rule, not repeated."

We think this quotation shows up the frontier man well in comparison with some of our professors, the length of whose prescriptions are proverbial.

The long and complicated formulæ of some of the neurologists need not be mentioned. But here is one professor teaching his students to treat chronic nasal catarrh. After giving a formula for bicarbonate of soda and borax, he says: "or, still better, sodæ bicarbonatis and sodæ bicarboratis, aa ℥ss; "Listerine," ℥j; and aquæ, ad ℥iv. The "Listerine," contains the essential antiseptic constituent of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis in combination. Each fluid dram also contains two grains of refined and purified benzo-boracic acid."

How, we should like to know, can the professor form any adequate idea of the advantage referable to any one of these ingredients, or how can he determine whether or not they are in "combination."

Another thus simplifies the good old well tried compound tincture of guaiac: Two fluid drams each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid drams of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid ounces is then gradually added, the shaking being continued. If this is carefully done secundum artem, a not unpleasant mixture will be produced. Without due care, however, the resin will be precipitated."

The laryngologists are apparently running a race with the neurologists in devising complicated preparations.

Application of Chemistry to Medicine. (Retrospect British Medical Journal.)—One of the tendencies of the medicine of the day appears to be towards giving increased attention to the chemical questions which arise during the investigation of pathological problems. It is felt that a more minute and systematic investigation of the changes produced by diseases in the tissues and excretions may afford an insight into the dynamics of pathology, which will be a valuable adjunct to mass of knowledge accumulated by the study of morbid anatomy. The great obstacle to advance in this direction has been the enormous labor required to carry out even the simplest research; we have ceased to be satisfied by mere qualitative analyses. The systematic quantative analysis of urine in various diseases requires not only some skill in chemical methods, but an unusual amount of industry. The busy practitioner finds it practically impossible to make use of complicated

and delicate chemical processes. There is a great need for the elaboration of simple quantitative methods. Dr. George Johnson, in a lecture published in this Journal a year ago, described a simple apparatus for estimating the quantity of sugar in urine by means of the color produced on boiling the urine with potash and picric acid. He claims for the method that it is as delicate as the potassocupric method, and more trustworthy, as it is not affected by uric acid or urates, which reduce the oxide of copper. The importance of the invention of the picro-saccharimeter is, no doubt, lessened by the fact that, in the potassorcupric method and in the fermentation method we possessed the means of arriving, with a moderate expenditure of time and trouble, at an accurate estimate. A simple quantitative test for albumen in urine is, however, much wanted. Dr. Henry Veale's paper on Esbach's method for estimating the quantity of albumen in urine, published on May 10, has served to draw renewed attention to this important subject; and it may not be too much to hope that it may be found to be a really useful working method; it is simple, requires very little time for its application, and, according to Dr. Veale's report, gives fairly accurate results.

Gold Medals to American Manufacturers.—It is certainly gratifying to note that at the recent International Health Exhibition in London, 1884, an American firm carried off the only gold medal and the highest award of the class of food which the product represents. The British Medical thus writes on the subject:

"Dr. Stutzer, of Bonn, medical sup't of the laboratory of Rhenish Prussia,has been for some years making an interesting series of tests of the physiologically important constituents, illustrating the comparative nutritive value of meat preparations introduced into Germany for the use of children and invalids. He has estimated the organic ingredients, the mineral ingredients, and the water, and has aimed at determining what proportion of the nitrogen is to be credited to the easily digested albumens and to peptones,which he estimates in the usual way by multiplying by 6.25 (assuming that these constituent principles contained an average of 16 per cent of nitrogen), and thus he arrives at the quantity of albumen and peptones. He estimates also how much of the albuminous principles can be digested,and the quantity of nitrogen present in the form of stimulating meat-bases, creatine, carnine, etc., which have a high importance as provocative of appetite, and as stimulants to the nervous system. The table of his chemical results is very remarkable, and it confirms in a high degree the recent decision of the International Jury of the Health Exhibition, which has awarded a gold medal to the Maltine Manufacturing Company for Carnrick's beef peptonoids, which was tested along with numerous competitors, and thus received a high testimony to its special merits as a digestive and nutritive element in the food of invalids and children, and of all who require the essential elements of meat in a highly digestible form. The detailed results are published in Dr. Stutzer's paper printed in a recent number of the London Medical Record.

These results are certainly remarkable;they show, in the first place, that Carnrick's beef-peptonoids contain upwards of 87 per cent of organic substances, while the best-known and most popular of English extracts range from 60 per cent down to 9 per cent. On the other hand these Carnrick's beef-peptonoids contain less than 7 per cent of water, while others standing in the highest repute vary from 89 per cent of water downwards. The beef-peptonoids of these manufacturers are remarkable for a high percentage of easily digested albumen, which stands at 56 per cent in Stutzer's analysis, while none of the others figure above 17 per cent, and several vary from 7 down to 2 per cent. It is unique also in its content of fat, which stands at ten per cent. Without entering into invidious comparisons, it is obvious that manufacturers have succeeded in producing an article which is of singular value in the double capacity of a nutritive, as well as a stimulant. Hitherto it has been well known to practitioners who have followed the

course of recent scientific research, that the majority of the preparations submitted as extracts of meat were, in fact, little more than ingenious preparations of the organic bases and mineral salts of meat, and that their nutritive value was so slight as to render them quite untrustworthy as foods in that respect. The new method of preparation followed in this case, by which a large proportion of albumen is preserved in an easily digestible form, and in which the beef peptonoids are combined with the stimulant bases and mineral salts, makes a new departure in invalid and children's foods, of which the usefulness is apparent, and which will tend to bring this class of food into much higher repute and much more extended use than it has of late occupied in the repertory of the practitioner. When first extracts of meat were introduced, much more was expected of them than they were capable of affording. There was a tendency to regard them as containing all the nutritive properties of meat, in a soluble and digestible form, and this fallacy, although it has been repeatedly exposed, is still repeated by some manufacturers, whose products contain barely a trace of nutritive or albuminoid principles, and wo, nevertheless, on their documents, accompanying their preparations, do not hesitate to claim for them a nutritive value of which they are entirely destitute. The more conscientious and better instructed manufacturers make no such claims, and are careful not to represent their products as containing the nutritive elements of flesh-meat. On the other hand, the knowledge that a large number of meat preparations cannot be considered as nutritive, has done much to discredit the use of such preparations in the school room, and it is with no small satisfaction that it will be seen from the careful analyses of Dr. Stutzer, that, in the preparation, which is now under notice, chemists have succeeded in producing one which largely combines the elements of nutrition with those stimulant properties of which the value is undoubted, but which alone are insufficient in any invalid food. For solving this problem manufacturers deserve not only the thanks of those for whom these preparations will serve so useful a purpose, but have established a claim to the confidence and support of medical practitioners, which they will not be slow to recognize. It may be added that we have before us copies of analyses by Attfield of London, Macadam of Edinburgh, and Meluc of Paris, which confirm the analyses of Stutzer."

Anesthetics (Retrospect British Medical Journal.)—Two new departures in the matter of anesthetics have been made during the past year. One—the proposal to produce general anesthesia by pumping ether-vapor into the rectum—has probably already almost reached the limbo of forgotten eccentricities; but the other—the introduction by Dr. Karl Koller, of Vienna, of cocaine as a local anesthetic for mucous surfaces—appears to be an important event. The general opinion of opthalmic surgeons, so far as it has yet found expression, is strongly in favor of the general use of cocaine for all operations involving the mucous membrane or cornea, and especially to facilitate the removal of foreign bodies which have become imbedded in the cornea. The new drug has also been of use when used in a strong solution, when applied to the nasal passages before operation, to the larynx in tubercular disease, and to a carious and tender tooth before stopping.

Effects of Coffee on the Composition of the Blood and on Nutrition.—(Couty, Guimaroues and Niobey in Compt. Rend. Tom. 99, pp. 85–87). Coffee diminishes the gases in blood and does not diminish the proportion of carbohydrates consumed. In other words, it diminishes the activity of the simple combustion which produces carbon-dioxide. On the other hand, it increases considerably the urea in blood and stimulates those complex animal processes which use up nitrogenous substances. It increases the formation and excretion of urea and also the assimilation of nitrogenous food, such as beef. The tension of the blood, the biliary and salivary secretions, and the temperature are

slightly increased, and the movement of the heart and lungs is somewhat accelerated.

It follows that coffee is a complex aliment which acts mainly by indirectly modifying the phenomena of nutrition and the general functions. It renders the organism capable of consuming and destroying larger quantities of nitrogeneous substances and may consequently be regarded as an indirect source of available energy.

CONTRIBUTIONS.

LIFE INSURANCE AND THE MEDICAL PROFESSION.

BY I. N. DANFORTH, M. D., CHICAGO, ILL.

Read at the Mississippi Valley Medical Society, Springfield, Illinois, September, 1884.

The relations existing between the business of life insurance and the medical profession are, and must continue to be, most intimate. Not a risk can be safely taken until its vital probabilities have been investigated by a duly qualified physician; not a loss can be paid until the cause or causes of death have been certified by the attending physician. Indeed, I do but state a well-worn fact when I say that the perpetuity of any life insurance company depends very largely upon the ability and integrity of its medical examiners. The ubiquitous "life insurance solicitor," however agile and persuasive he may be, is helpless in the way of achieving practical results, until his work has received the approval of the medical examiner.

The statistics upon which modern life in surance is based are the outcome of data furnished by medical men, and the more recent trustworthy and accurate statistical tables have been constructed by physicians. Again, life insurance companies depend upon the medical profession of our day for protection against the ravages of what were formerly uncontrolled epidemics. The companies do this,perhaps,with a sort of thoughtless unconsciousness, and always, so far as I have observed, without anything like a generous acknowledgment of their obligations to our profession; but the fact is no less patent, and the obligations are no less deep. In these days of modern travel, when civilized nations are becoming more and more migratory every year, and epidemic influences are, therefore, becoming more generally diffused, life insurance companies could not conduct their business with anything like safety or certainty but for the safeguards which sanitary science, as developed by intelligent physician, throws around them. It must be remembered that the dangers from the most deadly epidemic diseases have increased incalcuably since the introduction of steam as a locomotive agent. All peoples of all nations travel incessantly; merchandise from all parts of the globe, and from all centres of infection, is eonstantly pouring upon our shores. Yet, how little thought do life insurance authorities give to epidemic diseases as a specially dangerous factor as regards their business; simply because they trust, with a confidence that has been verified over and over again, to the protecting influences of modern sanitary science, which medical men have laboriously developed.

Again, we are in the midst of one of those cycles of discovery which have characterized the profession of medicine from its earliest history. I allude to the "germ theory of disease," which now occupies so prominent a place in the minds of medical men. What the practical outcome of the theories—or, it may be, discoveries—of Pasteur, Koch, and others, will be, no man can yet prophesy with anything like certainty; but if a larger experience shall demonstrate their truthfulness, the effect upon the duration of human life must be very considerable.

Now, all future experiments which shall be conducted with the view of demonstrating the verity or falsity of the germ theories must be conducted by medical men, experienced in such investigations. The results may be of vast importance in their practical relations to longevity, to preventible causes of disease, or even to the extermination of diseases which are now the terror of the magnates at the "home office." But these latter gentlemen are perfectly helpless themselves as to all such studies. A whole score of presidents, secretaries, directors, actuaries and general managers would be put to rout by a single "microbe." As between a lively bacterium and a "successful solicitor, it would be about an even thing.

Now, this plain, simple statement of facts shows that the business of life insurance casts upon the medical profession a very weighty responsibility--a responsibility,I may add,which, while it came unsought, has come to stay and must be met accordingly. And the time will come when the life insurance world will recognize in a more adequate and audible manner, the vast benefit it has received from the

silent and unrequited labors of the great modern medical investigators.

But the medical profession sustains a still nearer relation to life insurance, in the person of the medical examiner—by far the most important officer on the roster of the company. In almost any life-insurance office, this last statement would be received with derision and contempt. I can myself picture two or three presidents and twice as many secretaries who would shudder at the claim I make concerning the importance of the medical examiner; but this audience of thoughtful physicians will not only recognize but heartily endorse the truth of what I have stated. A life insurance company can get along very comfortably for a time without a president or secretary; or if either of these functionaries vacate their offices, they can be filled at once and worthily; but no company can do business for a single day without its corps of efficient medical examiners, and the loss of an old and the appointment of a new examiner is always regarded at the central office as a grave and important matter.

I propose to consider briefly the duties of the medical examiner, first to the company under whose commission he acts, and, secondly, to the applicant for the benefits of life insurance.

First: Duties and obligations to the company. The medical examiner should, from the first, regard himself as an officer of the company, and not a mere wage-worker or employé. His position is therefore independent and dignified, and not at all subject to the mere whim or caprice of the local agent. From this standpoint of independent and individual responsibility—and this standpoint alone—should the examiner estimate the extent and importance of his duties to the company. The company has a right to expect and demand, first, that the examiner shall recommend sound lives only. A life insurance company is not a hospital or an eleemosynary institution; insuring men is not a work of charity; it is a matter of strict, stern business. A life insurance company must "make money" or die, and there is no halting-place between these two alternatives. The examiner ought to keep this fact in mind, namely, that he is not engaged in a work of charity, but that he is simply "doing business" on strictly business principles. The question as to insuring any individual life is simply this, "Will it pay?" "As a business transaction is it safe and desirable?" Hence, the company has a right to expect and demand that each and every examination shall be carefully and thoroughly made; that all sentimentalism and friendship shall be sunk out of sight, and that the investigation shall be coldly judicial, severely searching, and impartially just. It is frequently the case that a single examination is not sufficient to determine certainly the character of a risk; a common catarrhal cold may exist to-day which will be quite well next week; the pulse may be unduly excited by the novelty of the examination; the applicant may have been exposed to some communicable disease, whereof the incubative period has not yet passed; these and many other causes may render a second examination necessary, if justice is to be done in the premises. In all such cases, the examiner should patiently repeat his work, recognizing the fact that important interests are at stake which his dictum must settle.

Again, there is a class of risks which ought neither to be recommended nor rejected; but they ought to be "laid over" for future consideration. As examples, I may mention applicants who have recently recovered from acute diseases which are likely to leave or to cause local lesions, as rheumatism, gout, and pneumonia; applicants who are exhausted by overwork, physical or mental, but who are likely to have easier times in the near future; applicants who are suddenly seized with a passion for loading themselves with life insurance; applicants who are in the midst of heated political campaigns and their accruing dangers; applicants who have recently been reclaimed from intemperance and other forms of vice;—such applicants ought to be suspended for an indefinite term, until their probable permanent status can be more certainly known. Practical experience will enlarge this latter list considerably. It is the almost daily experience of a busy examiner that some applicant has to be "laid over" until some occult point in his personal or family history can be explained satisfactorily. It must be remembered by the examiner that, although he is investigating the present condition of the applicant, it is with reference to what the future is likely to develop. It is a matter of little concern to the company what the sanitary status of the insuree is to-day, compared with what his status will be in five or ten years hence. The function of the examiner is prophetic; he is required definitely to express his opinion as to what the future sanitary condition of each applicant is likely to be; and this opinion must be based not alone upon the bald statement of facts elicited by the general interrogatories propounded in the application, but upon the harmonious correlation of these facts with each

other, as well as with any collateral facts which may develop themselves, even though they be not embraced in the application. The examiner is, therefore, warranted in seeking information concerning the insuree from any and every source, and he is by no means limited to the list of interrogatories submitted by the company, tortuous and formidable as they have recently come to be.

In the next place, the company has the right, not to demand, indeed, but to expect that sort of aid from the examiner, which is covered by the word "influence." Regarding every medical examaniner, two things are to be taken for granted: First, that he is a thorough believer in life insurance, not only theoretically but practically. I hold that no physician ought to accept a commision as examiner until he has "examined" the thing itself, and become convinced, not only of its utility and beneficence, but of its necessity; and, furthermore, that no man ought to be an officer in an institution in which he has not some pecuniary interest himself. Secondly, that no physician will accept a commission as examiner for a company whose standing and condition he has not first investigated with satisfactory results. These two conditions being fulfilled, it is not too much to expect that the examiner shall cast his influence in favor of life insurance in general, and of his own company in particular. Not that he is to sacrifice the dignities of his profession, and turn insurance solicitor; not that he is to divide his time between visiting his patients and "drumming up risks;" nothing could be worse than that. But it is frequently the case that a few quiet words will confirm a doubtful applicant, or turn the thought of a careless spendthrift toward a policy of insurance. And this is a service which is not only legitimate as regards the company, but beneficialand laudable as regards the citizen; and, moreover, it is in no sense derogatory to the professional dignity of the wisest and most learned physician. I recall with pleasure many instances in which I have been instrumental in inducing poor men with families to procure policies of life insurance; knowing, as I do, that thus some provision has been made for those who might otherwise be left in needy helplessness.

In this connection it ought to be said that no examiner should, under any circumstances, allow himself to have any pecuniary interest in the acceptance of a risk. It is sometimes the case that agents—thoughtlessly or otherwise—propose to "divide commissions" with the examiner, especially if the latter has exerted any influence in the case. This is a very dangerous practice; it is justly as well as generally condemned by the company, and should be frowned upon by every medical examiner. Practically it amounts to offering a bribe to the examiner for passing a given risk. Some years ago, I was sent to a little town in interior Illinois to investigate a case which looked somewhat "crooked" upon its face. An insured party—a man about thirty-died of consumption some six weeks after his examination. Upon investigating the case, I found the following facts: the deceased had been a confirmed consumptive for more than two years, and had been treated for this disease by the very man who examined him for life insurance. Half a dozen other equally doubtful risks were found, still alive, indeed, but manifesting signs and symptoms which would send the cold chills over the home office; and all these risks had been examined and recommended by this same examiner, and upon his recommendation policies were issued. What was the explanation? Simply this: the local agent and the examiner had "pooled their issues" in the life insurance business; that is, they had agreed to "work" life insurance together, and divide equally the commissions and examination fees, andthe result was what might have been expected, as a matter of course. The examiner should in no manner and in no degree compromise his perfect independence of all local influences or dictation.

In the second place, let us look for a few moments at the duties and obligations of the examiner to the applicants for insurance.

Applicants for life insurance have certain rights which belong to them, and which cannot be taken from them without injustice; and it happens that they are dependent upon the medical examiners for protection and fair treatment. An applicant ought never to be rejected, except for good and sufficient reasons. It works an injury which is lasting. It practically disbars the injured party from the benefits of life insurance; for a rejection is the mark of a burning iron which is indelible in the eyes of the insurance world. It goes on record at the home office; it becomes the common property of all the companies; and thus it becomes a part of the written history of a man's life. Now, life insurance is every man's privilege, until he is clearly proved to be ineligible; it is a privilege of inestimable value, and one which should not be lightly abridged or destroyed. "In doubtful cases," the company's instructions generally read, "give the company the benefit of the doubt and reject," or words to that effect. This is all very well and very proper; but let

the "doubt" be clearly established. Some point in the family history, which the applicant cannot explain without seeking information elsewhere, or the presence of a simple catarrhal cold, or some other trivial and probably transitory objection, ought not to be converted off hand into a "doubt," and therefore a rejection. Let justice be done; let the applicant be given an opportunity to explain his family history, or otherwise "argue his case;" let the bronchial irritation have a few days of grace; let the final decision be postponed a little, and it is not unlikely that a good risk may be saved to the company, and an act of injustice to the applicant be avoided. Some companies require the examiner to classify the subjects he examines, according to their degree of excellence, into first, second and third-class risks. More than fifteen years ago in reviewing the first edition of my friend Professor Allen's work, on "Medical Examinations for Life Insurance," I expressed my disapproval of this plan in unqualified terms, and subsequent experience ahd observation has but strenghtened my opinion. In the first place, there can be no fixed standard of human physical perfection, and therefore no absolute standard of comparison. Hence, not even the medical director himself can erect a fixed standard of excellence or faultlessness for his subordinates to study as their guide; hence, also, there must in practice be as many standards as there are medical examiners; in other words, every examiner must judge for himself. A very timid and conservative examiner would be likely to commit errors on the side of an extreme conservatism, while a bold and aggressive examiner would commit quite as many errors in the opposite direction. The practical result at the home office would be simply confusion, with corresponding perplexity to the medical director.

But where this system is adopted by the home office it must be followed by examiners. The question then comes up, what is a first-class risk? Of course, if only faultlessly perfect subjects are first-class they must be few and far between, since it is almost impossible to find a person of adult years who is physically perfect. Again, if anything less than sanitary perfection can be accepted as first-class, at what point shall the line be drawn?—or where shall first-class end and second-class begin? It is evident that no absolute rule can be established, but that each man must in practice erect his own standard, and judge for himself. In my own practice, I am accustomed to rating as first-class all applicants who convince me, upon good and substantial grounds, that they are likely to "live out" their expectation, and I think this rule is just and fair as regards both applicants and companies.

The medical examiner frequently becomes possessed of information concerning applicants which is confidential in its nature. I need hardly add that all such revelationsshould be as jealously guarded as though they were made by a patient at a regular consultation. The insuree has the right to demand this, and the law would, without doubt, protect him in that right.

In conclusion, let us consider for a moment the subject of the medical examiner's fees. They are, of course, ridiculously small. Most of the companies pay a uniform fee of three dollars; perhaps half a dozen pay five dollars, while a considerably larger number pay but two dollars. I sometimes hear of the "injustice" of the companies in paying such trivial remuneration for so responsible a service; but I do not so regard it. It is not the business of the companies to crowd larger fees upon us; it is our business to demand them, and that is just what we are not likely to do. Physicians, as a body, are somewhat remarkable for their lack of business acumen, and for their utter want of cohesive force. Whichever way the physician turns, he is victimized by rings and trades-unions; the butcher, the grocer, the plumber, the carpenter, every other tradesman and artisan is bound and protected by the laws of his guild. But the physican not only fights the trades-unions single-handed, but he also enters into a lively competition with his brother across the way. Now, insurance managers know all this; and so long as we continue to drug the market with medical men to whom time is a burden, and especially so long as we continue to manifest an utter want of union among ourselves, the companies will fix the price to suit themselves, and nobody can blame them.

But the question of a "more perfect union" among physicians—a union which shall adjudicate not only upon matters of ethics, but upon our material and financial interest as well, is one which ought to engage our thoughtful attention.

—We hear that of twenty-four candidates for the primary examination in the Royal College of Surgeons, England, on October 16, sixteen were rejected. The Columbus Medical Journal remarks that some of our American Colleges would scarcely pluck so many in a century. "Some"? Well, yes! But we are improving.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, Saturday, January 24, 1885. Dr. Atwood, President, in the Chair.

CHOLERA.

DR. POLLAK asked if it was true, as stated in the New York Tribune, that Dr. Dean had found the comma-bacillus in the cases of cholera recently reported here.

DR. DEAN stated that he had not; that the case he had observed was one of cholera nostras, not Asiatic. He thought that the fact of his having had cholera in 1866 and in 1867 and having treated a number of cases, ought to make him somewhat familiar with the disease. The patient, a trap-peddler, died; but he had observed patients in the diarrhea-ward of the hospital who were as bad. The patient had cold extremities, was cyanosed and had cramps chiefly in the legs, but did not vomit or purge excessively. Again, on post-mortem examination, all the organs were found normal.

DR. LOVE thought that, before going into a diagnosis that might prove alarming, all the superinducing causes should be considered. The locality about the Compton avenue sewer district about the Manchester road had occurring in it, about two years ago, cases with cholera symptoms. An entire family on Channing avenue succumbed, there being vomiting, purging and collapse. It was attributed to sewer-gas poisoning at the time. All the fatal cases of diphtheria he has treated were almost entirely in this district. These cases occur in cold weather, when the houses are poorly ventilated and if they occured during cholera time, would be pronounced cholera. This explanation might not be correct. To illustrate this tendency in cholera times, Dr. Love stated that in 1873 a patient with collapse and vomiting was received at the City Hospital during the night and assigned to the cholera ward. The next morning, an examination developed that he had a strangulated hernia.

DR. DEAN.—What was your report to the Board of Health in reference to the cases?

DR. LOVE.—I reported them as acute gastro-enteritis and congestion of the bowels.

DR. BREMER stated that he had examined the dejections of both cases microscopically; they looked very much like the rice-water stools of typical cholera. They contained a great many shreds of cast-off epithelium and thick and rather voluminous bacilli.

The doctor stated that he will read a paper on this subject soon and present the preparations. He did not find the comma-bacillus. On this account the cases are not to be regarded as Asiatic cholera, if there is any truth in Koch's doctrines. Koch's directions were implicitly followed to find the bacilli. In 1874 or 1875 he had a case similar to Dr. Dean's. There was vomiting and diarrhea and death came on in 36 hours. He is inclined to look upon these cases, as Dr. Love does, with modifications. There are, probably, certain nerve centres acting on the bowels and producing diarrhea not only through the emotions but through a high or low temperature. This is especially the case if the patient be in a bad condition.

DR. SCOTT fully agreed with the last speaker. We know that during an epidemic of cholera fear has a great influence. He had in mind the case of a lady who, learning of the death of a neighbor from cholera, died in two hours. That is the reason why patients should be encouraged in such whimsicalities as placing sulphur in their boots, etc., as it tends to reassure them. He had been an unbeliever in the comma-bacillus theory until he read Koch's last article. He is a firm believer in the specificity of cholera and that, until a community is reached by the epidemic, it is exempt. There is no such thing as a sporadic case of Asiatic cholera. After it reaches a community and finds pabulum in filth, unsanitary surroundings, etc.,—although not strictly necessary—it may spread.

DR. DEAN said that physicians when speaking to non-medical people should specify what they mean by cholera. He thought that cholera nostras was a good term. In a death certificate the best that can be done is to give the official name most applicable to the case. During a few months past, he had been at considerable pains to obtain mounted specimens of tubercle bacilli, and he defied any mycologist to classify them as of the same species.

DR. MUDD said that he presumed the details of the case which he treated might be better than an opinion. Friday a week ago, a negro who fired a coke furnace was taken down. The pulse was almost imperceptible, the skin leathery, the extremities cold, vomiting and purging since early in the night. Whilst at work Tuesday night, he was oppressed by the gas but recovered. The next day he did not feel well. During the hours of labor diarrhea and nausea came on. When he was seen there was cramping in the abdominal muscles

and calves. The dejections were thin, watery and contained white flakes. He was given opium and Hoffmann's anodyne; hot mustard and rubbing externally. He suffered during the night and the next day the pulse was not perceptible at the wrist and the skin got warmer. The skin wrinkled over the hands and the extremities were cold. The urine was suppressed all this time. He died at 7 P. M., Saturday. One hour before death the face and extremities were cold, but hardly one hour after they were warmer and the next day the body was still warm. He did not think that it was Asiatic cholera, but choleraic diarrhea caused by coke poisoning. Before death the temperature was below the normal and about an hour after it was 99.4° F.

Dr. Love.—Did he drink hydrant or well-water?

Dr. Mudd.—He used hydrant water at home, and probably also at the works.

Dr. Faber asked if there was venous congestion of the intestinal canal in Dr. Dean's case; also if the right heart had been examined. He stated that he is an opponent of the theory that the comma-bacillus is the cause of cholera and thought that these two cases proved it. The comma-bacilli are caused by cholera and were not in these cases on account of the extremly cold weather we have had. Cholera is merely a hydrops of the intestine. He had found in several post-mortems in 1866, a thick, tenacious, black tarry-like blood in the right heart. Almost every one has come to look for specific causes for all diseases, and perhaps these specifica are the consequences of these processes. There has been cholera in Russia during the winter which is more severe than here. It is known that when people are crowded in filthy rooms venosity may take place and cause cholera. To say that filth will not cause cholera is absurd. Filth will, by fermentation, take oxygen from the air and thus produce venosity of the blood.

Dr. Dean had examined all but the brain and everything was normal. It is the opinion of those who uphold the atmospheric theory of cholera, that isolated cases first appear. This is not his view. The case he treated had a temperature of 33.4° C.

Dr. Hughes related the case of a gentleman whose nervous system was overtaxed. He went to Lake Minnetonka, had on light clothing and encountered a temperature of 40° lower than here. He lay on a bed and fell asleep. He awoke with a looseness of the bowels, followed in two or three hours by nausea and vomiting and an hour later intense cramps in the legs. He had all the external symptoms of cholera nostras or Asiatic cholera. The features were pinched, shrivelled and cadaveric; the radials almost pulseless. It was the nearest approach to true cholera he ever saw. He stated that the difference between Asiatic cholera and cholera nostras was post-mortem. The difference lies also in the cause, and this probably lies in the condition of the atmosphere, whether it depends on the comma-bacillus or not, and its effect is a vital prostration of the nervous centres.

Dr. Wise thought that there was no gainsaying the essential neurotic character of cholera, and on that account we can understand how it may be caused by diverse circumstances. It must consist in some disturbance of the blood acting upon the nervous centres. He called attention to the fact that, in certain cases of arsenical poisoning, the symptoms simulated those of cholera so closely that the difference could not be detected, unless there was a history of arsenical poisoning.

Dr. Faber asked the last speaker if he did not find nervous disturbance in every case of disease? He did not see why we must look for a specific poison when the want of oxygen will produce venosity and the rest. He did not doubt that the comma-bacilli did exist; but as a consequence not as a cause of the disease.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

This society held a regular stated meeting January 19, 1885, with Dr. E. J. Doering, President pro tem.

Papers upon the following named topics were read of which we furnish for the readers of the Review the subjoined brief summary:

"Remarks on the Bacillus of Syphilis and Treatment of the Disease with Hydrargyrum Tannicum," by Dr. Josef Zeisler.

"A New Method of Counting a Rapid Pulse," by Dr. A. E. Hoadley.

"Obstruction of the Ileum Caused by Peritoneal Bands—Death.—Autopsy," by Dr. A.E. Hoadley.

Remarks on the Bacillus of Syphilis.

This subject was dealt with at considerable length by Dr. Zeisler. The first half dozen pages of his paper consisted of a translation from Dr. Sigmund Lustgarten's communication on the "Specific Bacilli of Syphilis" delivered at the meeting of the Vienna Medical Society, November 21, last. And as the subject

is a very important one, a few extracts of the translation are herewith presented.

Dr. Lustgarten has succeeded in showing in microscopical sections from two syphilitic chancres and one syphiloma bacilli, which are perfectly characterized by their color reaction, by their form and relative position. "They are represented as straight or somewhat curved little rods, slightly larger but having the same appearance as the bacilli of tuberculosis. They are found single or in groups, enclosed in lymphoid, somewhat distended, cells, and show under a powerful microscope light spots similar to those which Koch regards as spores in the tubercle bacilli. The method of coloring makes it possible to distinguish them from the bacilli of lepra and tuberculosis, and from all other pathogenic bacteria as yet known. The fact of their always being enclosed in cells excludes the possibility of deception by putrid formations, etc."

As a comparative illustration that the bacillus of syphilis is no rash conjecture, the writer alluded to the mistakes of Finkler and Prior, in Bonn, in stating the identity they claimed of the bacilli of cholera nostras and cholera Asiatica. Likewise, that Lostoffer, in Vienna, about fifteen years ago thought he had found characteristic microorganisms in the blood of syphilitic individuals, which he called corpuscles of syphilis, but which afterwards were found in lupus and even in persons in normal health. And, furthermore, that, as the author quoted from has made the culture of this bacillus, which has also been confirmed by Koch, it seems that such evidence is sufficient and should banish any doubt as to the importance of the new discovery, and that it perhaps exceeds the discovery of the cholera bacillus, as syphilis is a disease of such general occurrence and not of epidemic character.

Treatment of Syphilis with Hydrargyrum Tannicum.

Nearly one year ago the first trials with this remedy were made in the treatment of this disease at Professor Kaposi's clinic in Vienna. The results it accomplished were remarkable, and the advantages in using it were so desirable that it is now quite freely used in Germany by Goerges, Auspitz and others. Mercury in any form possesses specific effects in this disease. The method of introducing it into the system by inunction or absorption, according to the writer, is scientific and valuable, so too, is the method of subcutaneous application of mercurial solutions; yet there are some disadvantages in using it in this manner, so as to utterly preclude its use in that way, as there may be on the other hand many cases where internal treatment "per os" is not practicable. When the latter method is made use of, the protojoduretum of hydrargyrum is most often presented. Rapid absorption into the circulation without producing disagreeable effects is accomplished when the hydrargyrum tannicum, is administered. This remedy is a tannate of the protoxide of mercury. It is without odor or taste, and is only soluble when decomposed. The preparation contains about 50 per cent of metallic mercury. Hydrochloric acid makes no sensible impression upon it. If nitric acid is added the remedy is easily dissolved. Very dilute alkalies, ammonia, solutions of caustic potash, and the alkaline carbonates reduce it in a short time to a sort of mass composed of very small particles of metallic mercury. The rapid absorption of this remedy into the system is proven by an abundant mercurial precipitate found in the urine shortly after administering it.

The remedy is given in nearly all forms of the disease. In recent eruptions in inveterate papular, pustular and gummous syphilides. Twelve cases thus treated were then alluded to in the paper as having been published recently in a Vienna journal as cured, all of which the writer had seen and was able to substantiate the report, and the surprising results obtained. Six of the cases were primary eruptions. Three cases were gummata, two were syphilides with small papules and large pustules. Another case was a relapse of secondary syphilis. In from seven to fourteen days after the remedy was begun, a rapid diminution of the lesions will be observed, and in three or four weeks they will have entirely disappeared. A case the writer treated recently, was that of H. G., æt. 25, who contracted a chancre last June. He was treated by another physician; in six weeks roseola appeared on his body with other various symptoms. He took a number of internal and external remedies up to Septemember 14, about three months after the initial symptoms of the disease were manifested. Dr. Z. was consulted; the patient at this date had a largely diffused maculo-papular syphilide. Mercurial inunctions were advised at once, until September 19, before the hydrargyrum tannate could be procured. From this date until October 5, the patient took three decigrammes, or about four and one half grains, of the preparation daily; at which time the eruption had entirely disappeared, and only a few pigment spots could

be seen; nor was there any symptom of salivation observed. The remedy was continued until the first of November, when the patient was discharged cured.

The drug is usually given in doses of one decigramme—about one and one-half grain, with four or five grains of sugar, three times a day, one hour after meals. When it is thus given, it is rare that any symptom of mercurial salivation is produced. Alkaline carbonates or considerable quantities of mineral water containing such salts should be avoided at the time the remedy is being taken, for these articles decompose the salt. Neither must the administration of iodide of potassium be permitted for the same reason, and besides it would form a large amount of iodide of hydrargyrum. The writer has never seen any of the symptoms of mercurial intoxication, stomatitis, etc., produced while a patient was using the remedy, as is often the case where other preparations of mercury are used. Nor was there any irritation of the bowels induced—where the remedy was taken for weeks in seemingly such large doses as four decigrammes or about six grains daily. He has seen in all about twenty cases thus treated. Duringthe administration of it digestion remains good and the bowels soluble, which is doubtless explained by the partial decomposition of the salt in the intestinal juices, and partly from the presence of tannic acid. Should the bowels become loose, opium in one centigram quantities (one-sixth of a grain) could, if necessary, be added to each dose. While this new remedy may not produce a revolution in the treatment of syphilis, the use of it deserves to be classed in the role of the best remedies employed in the treatment of this disease.

Discussion.

Dr. G. C. Paoli inquired if the salt is used in the tertiary stage of the disease, when the osseous system is involved? He thinks the remedy was highly recommended some six years ago in both German and French medical journals. Without undertaking to add anything new in the treatment of this disease, he would state that iodoform applied to primary lesions, fumigations of mercury, the use of hyd. iod. rub. in small doses, or, where the bones were involved, iodide of potassium in 15, 20, or 30 grain doses combined with the "red" preparation of mercury is certainly unequaled in treatment. He had never seen salivation result from the use of hyd. iod. rub., which he could not state regarding hyd. iod. viridis. Perhaps in children the tannate of mercury might be well to use on account of not irritating the bowels, but in using hyd. iod. rub., if looseness of the bowels come on, he adds a little opium or hyoceyamus to check it. Syphilis is a disease in which we cannot state any remedy is the best on account of idiosyncracy and special cases.

Dr. Saunders stated that he found a bacillus or fungus or animacule in this disease ten years ago, but his ideas were ridiculed and he ceased further investigation in this direction.

Dr. R. Randolph stated that he saw pathological specimens from syphilitic patients and microscopical slides taken from this class three years ago. It was alleged,they contained bacteria; but it was not verified with the microscope.

Others, who continued the debate added nothing worthy of chronicling, and the author closed by stating that he thought there must be a mistake regarding the discovery of the bacillus of syphilis ten years ago, for nothing was known at that time of coloring or cultivating bacilli.

"A New Method of Counting a Rapid Pulse."

This is the title of a shortpaper by Dr.A.E. Hoadley. He admitted it was quite probable that it may have been practiced by others, or possibly described in some medical journal, but he had never seen it published nor heard of any physician trying it. Therefore he claimed it as original and worthy of record. Before proceeding to a description of the writer's plan, it may be well to state that his attention was attracted in this direction by reading an article some months ago on the same subject, in which the method referred to consisted in tallying the pulse with a pencil on a piece of paper for a fraction of a minute, and then counting the tally marks. After making several trials of that method, which oftentimes is impracticable, he concluded that there must be an easier and more convenient way of counting a rapid pulse, which could be accomplished with greater facility and be of scientific value. His method consists simply in counting every alternate pulsation for a minute, and then multiplying the number by two. In counting every other heartbeat, one counts half as fast as the pulse is going, which with a rapidly running pulse is deliberate. A physician essaying this plan of counting a rapid pulse the first time will in all probability fail in his attempt at making an accurate count, but with a little practice on a slower pulse, will very soon acquire the knack of doing so, and be enabled to count every other beat with positive certainty. The

plan proposed further consists in likening the pulse to the tick of a watch, and imagine a to and fro beat, and as soon as the mind is fixed, which will be almost instantaneously, then proceed to count the to or the fro beat, as the case may be, with perfect ease and certainty. By placing a watch to the ear one can demonstrate how easy it is to count every other stroke of the lever, while it is nearly impossible to count every tick of the watch. In the plan suggested there is not a single objection, and in practicing it we can count a pulse twice as fast as by the usual way, and at the same time it has the advantage of being very easy and accurate.

Obstruction of the Ileum, Caused by Peritoneal Adhesions — Death—Autopsy.

A case of this kind was presented by the same gentleman who read the last paper. All details of history and treatment are omitted as not being essential in this review, but a brief report of the symptoms illustrating the manner of death, along with the pathology, are herewith presented:

D. P., a man 30 years of age, married, habits regular, had enjoyed apparent good health, was taken suddenly ill during the night of March 14 of last year, with severe pain in the abdomen opposite the umbilicus, which continued for five or six hours and then subsided, as was supposed, from the effect of remedies used; but in spite of treatment the pain recurred again after a few hours interval, when it again abated. These paroxysms of pain continued with greater or less exacerbations and frequency until his death, which occurred four weeks subsequently. Soon after the attack he began vomiting, which was very distressing in its early stages, but this soon became passive, with but slight changes each day until the final result was reached. At times he vomited simply what was swallowed in the way of nourishment, while upon other occasions—especially during the first two weeks—the vomit consisted of stercoraceous matter. For three weeks his temperature did not exceed 100° F, and most of the time it was nearly normal; his pulse ranged between 75 and 85 per minute and grew gradually weaker. The last few days the heart's action was so weak and rapid that the pulse was scarcely perceptible at the wrist. There was no tympanitis, and but slight tenderness when pressure was made over the abdomen; this at times was quite flat, and had a doughy feeling. When he suffered acute pain the abdomen would become as hard as a contracting uterus in labor, although there was no muscular rigidity or increase of tenderness, and during the intervals, gentle kneading of the abdomen would induce the rigidity without provoking additional suffering. Especially was this noticeable during the last days of the patient's illness, at which time he was much exhausted, his voice was husky, his skin lead colored, and he presented a generally pinched and emaciated appearance. The pains also had lost their severity of character, and instead a sense of suffocation was produced with diffused numbness, and, as he described his symptoms, he felt as though his stomach was being crowded up under his ribs. Throughout his entire illness, with the exception of one day, there was not a voluntary passage from his bowels, although previously he had been regular in this respect. By the aid of injections and laxatives this difficulty was in part overcome. He had a successful passage every day of two or more little elongated lumps of fecal matter, never exceeding three-eighths of an inch in diameter. At the end of the third week a slight diarrhea set in for one day only. Even in the absence of pain he was restless and fatigued and slept but little, never to exceed an hour at a time. Treatment was of little avail; opium and chloroform were the principal remedies used; they retarded vomiting and pain, but controlled neither. Many other medicines were tried, and the case was treated from every possible stand-point of theory except surgical procedure, and there seemed to be no time when an operation would have been justifiable. The utility of rectal alimentation gave evidence of beneficial results. In consultation with Dr. J. B. Skeer and Dr. C. W. Earle, each of these gentlemen agreed as to the early diagnosis, viz., mechanical obstruction of the small intestines probably at the ileo-cecal junction, but of its exact character they opined not. A favorable prognosis was not entertained and he died on the twenty-eighth day. The autopsy revealed many peritoneal adhesions and bands of long standing; they were very firm, tieing and binding the convolutions of the ileum down into the pelvic cavity. One of these constricting bands was firmly attached to the anterior abdominal wall half way between the umbilicus and the middle of Poupart's ligament on the right side; at its attachment it was about one-fourth of an inch thick and three-fourths of an inch wide. It then spread downward to the left side of the pelvic cavity where it was firmly adherent from the brim far down upon the inner wall, becoming fasciculated and embracing the folds of the ileum between the fasciculi, furnishing a band that held the larger

mass of the small intestines in the abdominal cavity. It was necessary to divide these bands in several places on the pelvic wall before the intestines could be lifted out of the space they occupied, and when they were detached, they were all tied together by bands of peritoneal adhesions,which did not present the slightest evidence of recent inflammation. The bowel was inflamed and very much softened for a distance of about four feet extending to within twelve or fourteen inches of the ileo-cecal junction. There was no evidence of previously existing disease of the ileum, it was uniform in thickness although its caliber was contracted, the smallest place was about three-eighths of an inch in diamter. The intestines were so agglutinated at their sides and bound down by cross bands, that peristaltic action must have ceased long ago. Nature can accommodate herself to many unnatural conditions, but it is remarkable the functions of the bowels were performed so long and so well in this case. Eight years ago the writer treated this patient for typhoid fever of a moderately severe form, which resulted in his recovery. The most interesting point relating to the case as it now appears, is,that at that time the patient had a moderate amount of peritonitis,which in all probability gave rise to the adhesions which subsequently and unquestionably caused death.

Dr. A. Leigh desired the writer to describe more particularly why the tense condition of the abdomen without muscular contraction was present in the case just reported.

Dr. F. Carey inquired if there were any adhesion s below the cecal valve?

Dr. H. Ogden asked if surgical interference would have been beneficial in the interesting case just cited?

Dr. Hoadley closed by answering the queries propounded with the addition of some general remarks relative to there being any adhesions below the valve. There were none. The valve and entire length of the colon were normal. The reasons why the passages were so elongated and contracted was because the ileum at one place was but three-eighths of an inch in diameter and because the pelvis was full of intestine, and the passage seemed to be as it were "moulded." There was a systematic tense contraction of the bowel uninfluenced by the will. Regarding the abdomen growing tense, this seemed to be due to the contents of the abdomen, for the abdomen was quite flat most of the time. An operation was out of the question, for the ileum at the post-mortem examination could with difficulty be dissected from adjacent tissues.

The society then adjourned.

CORRESPONDENCE.

NEW YORK LETTER.

New York, January 26, 1885.

Editors Review:—The Northwestern Medical and Surgical Society, of New York, celebrated their fifteenth anniversary recently at the Buckingham Hotel by giving a ladies' reception, the most of the ladies present being relatives of the members.

Dr. Thomas H. Burchard, the newly appointed president, replied to the toast, "The Day we Celebrate;" and Dr. W. Gill Wylie to that of "The Ladies."

Despite the general depression in business circles and the rainy Sundays nearly $35,000 have been contributed for the hospitals.

These institutions are not having a very large number of patients in their wards at this particular time in the year which is the most accurate indication of the general healthfulness of the city independent of contagious diseases, there being very few institutions who receive this class of diseases.'

New York city has now about eight hundred drug stores, the proprietors of which are now not a little incensed on the part of a movement at present entertained by the commissioners of excise to impose a tax of $75 upon every party selling alcoholic liquors in any form. Considering the dull times together with the entirely uncalled for movement of this kind it becomes a source of considerable annoyance. It would seem as if it were a blow directed against legitimate pharmacy, as the enforcement of such a license would compel the poorer druggists to sell liquors as a source of revenue thereby increasing the number of our liquor stores.

The hydrochlorate of cocaine still carries a high hand and although we cannot speak for St. Louis, in this section of the country we have no apprehension of a "corner" on coca leavas. However, we do know an ophthalmologist who at the first announcement of the anesthetic action of the drug invested several thousands of dollars in the leaves and soon realized a hundred per cent profit upon his investment.

Since the visit of Mr. Lawson Tait to this country, surgeons are operating very freely in the extirpation of the tubes and ovaries. It seems as if cases heretofore considered as pelvic cellulitis are now being considered more as pelvic periton-

itis and salpingitis while the pelvic cellulitis is supposed to exist only secondary if at all.

A very unique case of complete transverse rupture of the aorta without even dislocation of the vertebræ occurred recently at the Presbyterian Hospital in the case of a man suffering from alcoholism, who in a moment of delirious excitement jumped from out the upper story window of that institution.

A case of ligature of the innominate artery for aneurism was privately operated on in one of our large hospitals, the patient dying from secondary hemorrhage on the twenty-fourth day.

Last Thursday evening Dr. L. Emmett Holt read a paper before the section of Gynecology, Obstetrics and Children entitled "Observations on Pneumonia in Children," after which the Academy was the scene of a very interesting discussion among the leading specialists in that department.

The doctor gave a record of some eighty-six cases occurring in his practice. He emphasized the fact that in children pneumonia oftener than is generally taught commences with vomiting, convulsions or gastro-intestinal derangement. He holds that there is no such thing as capillary bronchitis pure and simple, but that the so-called is really a broncho-pneumonia. His observations led him to believe that acute lobar pneumonia occurs frequently in children even under two years of age. He objects to the terms croupous and catarrhal pneumonia.

Dr. Edward Janeway at his Bellevue clinic presented a man with abscess of the liver from whose side just anterior to the axillary line were drawn nearly seventy ounces of pus.

The patient presented no very great enlargement over the abdomen, although there was fullness in the right side, some dyspnea, great pain in the shoulder and inability to recline.

The doctor said that it was an error to believe that in abscess of the liver its border would always be below the free margin of the ribs as it was often bound down by old peritonitic adhesions to the inner surface of the ribs. In the case of this patient he inserted a needle into the liver and by taking notice that upon respiratory movements the external part of the needle did not oscillate as is customary in a normal liver, he was assured that the liver was adherent.

"You are taught too," he said, "that in liver abscess the dullness extends further upwards in front than behind; this, however, is an error as you will see in this case the fluid extending higher behind. This is because of the very large amount of pus in the abscess; for now that we have drawn out a part of the fluid the dullness does extend higher in front than behind; and the patient tells us that the pain in the shouder is relieved."

The doctor illustrated this very nicely by making successive examinations as the pus was withdrawn. He has shown some very interesting cases of lead poisoning and emphasized the importance of physicians being on the look-out for any possible mode of contamination of their patients, especially through the use of canned fruits.

Dr. William Darling, described as "a piece of the first half of this century translated into the second half" died at the University Medical College on Christmas morning at the ripe age of 82 years.

It is usually customary for physicians to give their services to the public dispensaries. White Street Dispensary has just offered a salary of $800 to each chair, the position to be attained through competitive examinations.

Among the new remedies recently discovered is that of one of our local editors which we thought might be of singular service to any enterprising medical student who may desire a new field of research in the way of experiments which shall form the basis of a graduating thesis on dynamo-therapeutics.

The local editor finds, that by putting a little salmon in the bottom of an imperfectly opened tin can, he becomes possessed with an infernal machine which, is decidedly "hard on cats," for no feline specimen can resist the temptation to extricate the salmon and invariably his head is impacted. Our friend claims to have captured twenty-four cats by this method in one night, and what was most surprising and gratifying, the cats that came and looked on were so thoroughly disappointed and disgusted, that they left the neighborhood.

It is only by recalling the many occasions when "chum and I" were suddenly aroused from our dreams of the "iter a tertio ad quartum ventriculum" to bombard from out our window an itinerent "Tommy" with the contents of the coal-scuttle, that we allow ourselves to digress upon such an impractical new remedy.

J. W.

THE PORPOISE IN CEREBRAL PHYSIOLOGY.

St. Louis, Jan. 1885.

Editors Review: That the sea-hog should be used to elucidate certain points in the vexed question of cerebral localization is certainly not a little astonishing. Big ocean fish are neither easily procured nor are they remarkable for the distinctness of their cerebral convolutions; moreover, it would be a matter of considerable

difficulty to find out the effect of extirpation of the motor zone on motility and sensibility of the fins. Yet we are informed by many journals, assimilating the one from the other, that Munk, the great vivisector of Berlin, in his experiments made use of the porpoise, besides the rabbit and the dog.

If it is difficult to follow up the labyrinthine paths of the thoughts of a genius, it is often still more so to unravel those of a translator. In this instance, however, the task is a comparatively easy one. Everybody knows what an unenviable part that peaceful animal called guinea-pig plays in the experiments of the German vivisectionists. Well, "guinea-pig" in German is "meerschweinchen" and the German word for "porpoise" is meerschwein; the former being the diminutive of the latter, but applying to a totally different animal. The translator for the Retrospect of the British Medical Journal, did not think so. The porpoise is now making the rounds of the American medical journals. The other day it made its appearance in our city, and we are prepared to meet its familiar face for some time to come.

L. Bremer.

The lapsus of the translator for the British Medical Retrospect is not without a precedent in literature. Thus in that excellent work, Appleton's American Cyclopedia, we find under the head of the bacillus of tuberculosis, that "it is present in all cases of spontaneous tuberculosis in animals, having been observed in cattle, hogs, poultry, monkeys, porpoises and rabbits."

We are glad to see our readers appreciate and attentively study the interesting physiological data collected in the Retrospect.

By way of an interpolation, we would remind, that the porpoise is no "big ocean-fish," but a "cetaceous mammal."

ITEMS.

—The following story is told of the celebrated Oppolzer. Shortly after his arrival in Vienna he was cosnulted by an invalid whom he advised, after a somewhat hasty examination, to go to Pistyan, in Hungary, and take the waters. After several months the man, whom the Professor had forgotten, again presented himself, with an aggravation of all his symptoms, and said he had just returned from a course of the Pistyan waters. The Professor examined him, this time rather more carefully, and then, with some wrath, asked him what confounded ass had advised him to go there, as it was the worst thing he could possibly have done. Moral: Always speak well of your neighbor.

—Syphilitic condylomata dwindle away visibly on application three times a day of the following powder dusted over the new growths;

R.	Hydrarg. subchloridi, -	gr. xxx.
	Acid. Boracic, - - -	gr. xv.
	Acid. Salicyl, - - -	gr. v.

—The Crow and the Country Doctor—(a medical fable)—A flock of crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an Old Crow who practiced his profession in those parts, and who made a specialty of corns, to give his opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend, the Owl, who had had the benefit of travel abroad, and who was particularly skillful in cases which called for the Steady Use of the Eyes. He would also like to have the Frog, who was spending his summer vacation by a neighboring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl and the Frog met, and having studied the object at a suitable distance withdrew to the shade of a High Wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice Case, which reminded him of a very curious experience that he had had with a piece of Red Flannel two summers before, when he received a severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related some very humorous obstetrical stories, which much amused the Crow.

Having received these opinions, the Crow thanked his Colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror Corvorum*, or Scare-Crow; but the advice given reminded him now that the appearance in the cornfield exactly resembled a country doctor, whom he occasionally met, and who, after practicing medicine for forty years, was at present trying to live on What he had Saved.

This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

Moral.—This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine.—Boston Medical and Surgical Journal.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 6. CHICAGO AND ST. LOUIS, FEBRUARY 7, 1885. TERMS: $3.50 A YEAR.

A FIFTY-ONE-YEARS-EXPERIENCE-MAN'S ADVICE TO THE MEDICAL YOUTH OF ENGLAND. —The Medical Age is responsible for the following quotation from an influential English Medical Journal. It is so ludicrous that if there are many such practitioners in England, we do not wonder at the compliment paid to America by Lawson Tait. We would not insult our English confréres by supposing that the specimen which brays in this quotation is other than a monstrosity.

"A practitioner of fifty-one year's standing," for instance, gives an exhibition of it in the Medical Times of 13th ult., which is all the more nauseating because of the author's years. He commences by describing how the practitioner should announce himself in a "good neighborhood." He will find in such neighborhoods two bells and a knocker on each house. One bell is marked "visitors" and the other "servants." Which of these should the physician choose?

"My own practice," he says, "has been to ring the visitors' bell gently, though even that, when calling to see one of the servants, has seemed to savour of impropriety. But whatever course the young doctor may choose let him, above all things, beware of using the knocker. That would imply a familiarity with the family, the very suspicion of which it behooves the circumspect practitioner to avoid. So long as he confines his manipulations to the bell-handle he is safe. The next problem that confronts him is, what to do with his hat. Following the custom of other men who have business in the house, he should by rights leave it in the hall, not on the floor, but on the hall table. This course, however, may involve him in serious danger. If there are children about the house they may be counted upon to play with it, perhaps to march into the drawing room with it on their heads—a complication which, I need hardly say, as being evidence of undue familiarity, would be of the gravest import. My own plan has always been to take my hat with me and only relinquish it when the clinical investigation of a case rendered such a course absolutely necessary. Familiarity is impossible so long as the hand keeps touch of the beaver. It is an almost impregnable rampart and would take the sting out of anything that tale-bearing domestics might say hereafter. The ethics and etiquette of hand-shaking form a most difficult subject. As a rule, I agree with the Lancet that it is best to avoid it. If a lady of title offers two jewelled fingers, the young practitioner would be at once foolish and rude to decline to take them, but the touch should be cold and momentary. With the wives of commoners it will be best, if it can be done without obvious rudeness, to bow formally, instead of offering to shake hands, both on entering and leaving."

Certainly, if there are many such as this fifty-one-years-experience-man, then the counsel of Lawson Tait, also quoted from the Medical Age, should be of some value.

"American doctors regard a run over to Europe every few years as a kind of class in taking a cosmopolitan post-graduate college, and from what I have seen of surgical practice on our own continent, in this country, and in America, I have no hesitation whatever in recording my opinion that it would be vastly beneficial to both continental and English surgery if return, visits were made in larger numbers. I do not say we are lacking either in surgical culture or in earnestness of purpose, but on the great Western Continent there is an enthusiasm, a vivid in-

terest in life, a regular go-a-headedness of which it would be well if we had a stronger infusion. The general summary of my visit to the United States and to Canada may be briefly put in the statement that no Englishman can obtain a reasonably full grasp of how the world is moving, or of the numerous phases of life, medical and surgical, as well as others, until he has seen life across the Atlantic."

Production of Disease by Self-Infection (Retrospect British Medical Journal).—In an elaborate paper in the Zeitschrift f. Klinische Medicin, Professor Senator has dealt with the important question of the autochtonous production of general disease by self-infection by the products of abnormal process within the body. In this paper he has shown that the peculiar condition, described commonly after Kussmaul as diabetic coma, is not peculiar to diabetes; it is brought about by some chemical decomposition occurring within the body, and affecting the blood or other fluids. Its most distinctive symptom is dyspnea, without obstruction of the air-passages or interferences with the free movements of the chest. This symptom is sometimes exceedingly well developed toward the termination of cases of pernicious anemia, itself a disease in which evidence of alteration of tissues is almost entirely wanting. The delirium or coma of the typhoid state is perhaps to be attributed to similar chemical changes in the blood. The drowsiness and coma in chronic cystitis, and most other toxic states, are to be traced to chemical decompositions occurring within the body, though not necessarily within the tissues or in the blood.

Explosive Mixture.—Whilst coming to the office this morning the writer was requested to express an opinion relative to the explanation of an explosion which had repeatedly occurred in a mixture containing fl. ext. buchu, fl. ext. uvæ ursi and spiritus etheris nitrosi. The explanation which we ventured was that one or both of the fluid extracts in question contained glycerine and that the explosion was caused by the development of a certain quantity, if not of nitroglycerine, of some other kindred compound. Whether the explanation is correct or not it, is a fact that spiritus etheris nitrosi is a very unstable compound and if it is found necessary to add to it other ingredients, glycerine mixtures should be greatly diluted, in which case the preparation would probably not keep long, or,what would probably be better, the glycerine preparation should be avoided. The fact was furnished us by a reliable and careful druggist and we have frequently experienced explosions from the mixture given in Stirlings' book on Practical Histology under the heading "Dissociating Solutions." This dissociating solution is made of nitric acid one part and a mixture of water and glycerine (3 of water to 1 of glycerine) four parts. Of course we are aware that it would be illogical to draw conclusions from an explosion occurring in the said dissociating solution, in explanation of the pharmaceutical preparation referred to, but the similarity of the ingredients have been deemed sufficient to associate them by way of a temporary explanation.

Delirium Tremens.—Dr. Whitaker in a clinic on the above subject adds to the three characteristic symptoms, delirium, tremor, and insomnia, given by the English physician Sutton, that of apyrexia. The treatment he advocates is that of chloral in large doses. But he adds, "many a drinker has been pushed off with a dose of chloral."

St. Luke's Hospital, Chicago, situated on Indiana avenue near Fourteenth street, was dedicated on Thursday, January 19, and after the service the building was open for inspection by the public previous to its occupation by the patients now in the old hospital. We have previously called attention to the special care and attention bestowed by the building committee on the very important questions of heating, ventilation and drainage. So far as it appears at present the

general arrangement relative to these particulars leaves nothing to be desired. One special feature of importance is an exhaust conduit situated under each bed in the general wards. It would seem as though this plan would effectually secure the removal of the objection lately made to corner beds at the opening of the hospital with circular wards in London. In reflecting over the contingencies of circular wards it has appeared to us that in case of fire the whole ward would constitute a simple chimney and the most rapid destruction would ensue. We are persuaded that there would be less danger from this source associated with these exhaust-flues situated under or in the immediate region of the bed. Then again, the removal of the air by a channel in the floor seems to us preferable, especially as there is a device for the admission of fresh air in the upper part of the wards. Of course the exhaust draft being in the floor, the facility of ingress of pure air from the top does not preclude the possibility of air being drawn from other parts of the hospital, supposing an easier channel for its introduction exists. The general principle, however, is certainly good, and we trust the building committee will have the pleasure of realizing that it works still better than they had anticipated. Looking at the question of a possible fire in connection with these exhaust channels in the floor, we are incliend to think that they would contribute materially towards the localization of the outbreak, inasmuch as the flames would be directed to the nearest exhaust and thus confined for a period to the immediate region of the accident.

Looking at the mattresses provided for the hosptial, we could not but think a greater expense in this particular has been involved than a comprehensive view of the teachings of modern medicine would suggest. Some time ago we called attention to the fact that Tarnier in the Maternity Hospital of Paris has adopted the plan of using cheap mattresses, filled with chaff, and never using a mattress for a second case of labor. That is, we suppose, the tick is emptied and washed and refilled with clean chaff. We are disposed to regard this plan as excellent, and we do not see that anything is to prevent the general adoption of the plan later on. If we may judge of the appreciation of the device by the little notice of it in the journals, hitherto it has not met with extensive favor, but nearly all good devices are slow in being adopted. It is for the most part the nonsense which spreads fast. With the woven wire foundation, only a very thin mattress is really required, which makes the adoption of the plan more feasible.

Blood-Vessels (Retrospect British Medical Journal).—Very little, if any, progress has been made during the year in the branch of surgery dealing with the diseases and injuries of the blood-vessels. The more important additions to the literature of this subject consist mainly in some few clinical records, with comments,of rare forms of aneurysm. Mr. G. R. Turner, Surgeon to the Seamen's Hospital, has added to the Transactions of the Clinical Society a case of wound of the plantar arch, and also an able and useful paper on traumatic aneurysm of the gluteal artery. An instance of traumatic aneurysm of the vertebral artery has been recorded by Dr. Weir, of New York, and one of arterio-venous aneurysm of the common carotid artery and internal jugular vein by Dr. Stimson, of the same city. Professor Tiffany, of the University of Maryland, in a paper read before the American Surgical Association in April, published a case of ligature of the common femoral artery for aneurysm, and asserted that this operation was unjustifiable in cases of distal arterial wound, but might be practiced in the treatment of aneurysm and of elephantiasis of the lower limb. The recently published volume of the Medico-Chirurgical Transactions contains a paper read by Mr. R. W. Parker, at the end of 1883, on a case of spontaneous inguinal aneurysm in a boy, aged 12 years, with a table of all other recorded cases of aneurysm in persons under 20 years of age. Another additton to the number of fatal cases of

double distal ligature for innominate aneurysm has been made by Mr. Bennett May, of Birmingham. Von Wahl, of Dorpat, in writing on arterial wounds and traumatic aneurysm, has lately advocated prompt interference in every case of wound of a large artery, in accordance with his opinion that Guthrie's law, that no operation should be performed on a wounded artery unless it bleeds, has for the future lost its validity.

Operations on Nerves (Retrospect British Medical Journal).—Several instances have been recorded of successful operations on nerve-trunks for the relief of neuralgia. Mr. Walsham has exposed and stretched branches of the fifth nerve for the cure of epileptiform neuralgia, and in one case removed Mickel's ganglion. Von Lesser, of Leipsig, published, early in the year, a remarkable case of intercostal neuralgia and mastodynia, treated successfully by stretching of several intercostal nerves. The last volume of the Medico-Chirurgical Transactions contains a communication from Mr. Chavasse, of Birmingham, on two cases of neurectomy of the second division of the fifth nerve; and in March, Mr. Arthur Durham reported to the Clinical Society a case of so-called frontal or supra-orbital neuralgia following injury, and successfully treated by trephining the skull, after failure of other methods of treatment. On the subject of nerve-suture, useful contributions have been published by Weissenstein, in the reports of the surgical practice of Professor Bruns, at Tübingen, and by Chaput in the Archives Générales de Médecine of August and September. The last mentioned writer asserts that the operation is completely successful in sixty-six per cent of cases, and that primary and secondary suture give almost equally favorable results.

Burns.–The painful burns produced by nitric acid may, according to a writer in the Chemical News, be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

Adulterated Quinine.—According to the daily press it appears that the Board of Health of New York has undertaken to prosecute certain druggists of New York for selling adulterated quinine. The examination of samples is said to have been made by the department chemists.

Baby Selling.—Only a short time ago a baby of American parentage was found in the possession of a Chinaman, and it was shown in court that the Chinaman had duly bought and paid for the baby and that the sale was perpetrated by one who made a special study of disposing of these little innocent creatures. Now the correspondence from San Francisco makes the revelation that there are women in that city base enough to make a regular business of selling these little creatures to the Chinese; claiming that the little girls, after a few years, are sent over to China to be consigned to the harems of the highest bidders. If the people can be excited to lynching for horse stealing we should think their indignation might also be raised to a high pitch against the perpetrators of such acts relative to such helpless little beings. The price paid is said to vary from $50 to $75.

The correspondent of the Chicago Herald says:

"These developments have created such great excitement that the legislature in session to-day adopted a resolution instructing the committee on Chinese to investigate the matter and draft a bill prohibiting in the future the sale of white children to Chinese."

It does seem barbarous that it should be necessary to legislate on such a question, but we suppose these experienced men know what course is best to accomplish the desired object. It does seem, however, that they would be more consistent with the accepted principles of the country if they had not limited their attention to white children. Moreover, it is conceivable that events may so develop as to throw the Japanese, or the Hindoos or the Turks into certain seaport towns and that under the circumstances the law might be made a little more comprehensive and make

the sale of babies to any one illegal under any circumstances. If the state finds it politic to take charge of the deaf and dumb and blind, and it is right that it should, these helpless little outcasts have certainly not less claims on their protection.

Look After the Condition of the Prepuce at Birth.—Dr. L. W. Steinbach read before the Philadelphia Medical Society, an interesting case of double inguinal hernia in a male child thirty-eight days old, associated with strangulation on the left side and necessitating herniotomy. The operation was evidently necessary and well done, but the little patient died five days after the operation apparently from some cause foreign to the operation. Our notice is not however for the sake of referring to the operation on so young a child but rather to call attention to what was referred to more or less incidentally. The statement is made that there existed an "impediment to the easy evacuation of the bladder in the existence of phimosis." We cannot now put our hand on the article but we clearly remember reading the claim of a French observer made several years ago, that nine-tenths of all the cases of hernia in children was associated with and probably caused by a condition of phimosis. So far as our own personal observation has afforded opportunity of judging of the question, and so far as the perusal of cases have contributed to the same end, we are of the opinion that the generalization was well founded, and we would even venture to submit that had the condition of phimosis been relieved soon after birth the operation for herniotomy in the case referred to might not have been necessary. At any rate we are convinced that the condition of the prepuce soon after birth does not receive the attention that it requires. We should mention that the phimosis was relieved at the time of the herniotomy.

A Child's Teeth forms the subject of the following excellent article by W. Geo. Beers, (Ind. Pract.) The author has certainly adopted a course which promises to be of far more service in elucidating the difficult question of the decay of the teeth than any mere statement of "malnutrition" or deficiency of the "phosphates."

"For many years I have been specially interested in the study of the predisposing causes of caries in children's teeth. It is a subject we can never investigate sufficiently, until we stop guessing and are able with certainty to tell why decay during growth should confine itself to the teeth as a rule, and until we know what mother and child are to do in self-defence. I might repeat a good deal I have said elsewhere, but among a large record of cases faithfully examined, and whose family history I have endeavored to trace, I have selected one of the very worst cases I ever met, that of a young girl, aged twelve years.

The following description will hardly speak for itself, as it does not tell of the structural poverty, the thinness of enamel, the almost plaster of Paris character of the very dentine.

In the superior teeth there are twenty-three fillings upon all the different surfaces of the teeth. Some of the cavities are of the most extensive character, involving nearly the whole of the crown. There is but one undecayed tooth, a cuspid, and this gives indications of approaching disease. In the inferior teeth there are fourteen fillings, with but four sound teeth, and these only comparatively so. Thus there are found in the twenty-eight teeth of the patient thirty-seven distinct cavites.

The mother of the child recently died, but from the father I obtained the following particulars:

The mother did not suffer from any disease during pregnancy, except the ordinary attacks of nausea, so common at that time. These lasted almost six weeks, but did not cause as much suffering as during a former pregnancy. Mother's health was never very good. My little patient was quite free from the usual diseases of children until the winter of '78-'79, when she was seven and one-half years old. She then had scarlet fever.

About three or four years ago she had measles. The parents have been very careful never to overtax her physical or mental strength, and everything that attention and care could accomplish for her was always done.

On her mother's side the family history of health is not good. The mother very nearly died of peritonitis when the first child was born. Seventeen months after, my patient was born, and the mother was able to nurse her, and was in the enjoyment of rather better health than she even had before or since. The first child died in October (1871), after my patient's birth. Two other children died, each a few months old, one in 1873, the other in 1875. The mother died, after a prolonged illness, of asthma, last year. The grandmother on the mother's side was a confirmed invalid for a great many years. Her teeth were never good, owing, it was thought, to excessive doses of calomel, etc. The great-grandmother on the mother's side also suffered for many years from asthma, though she lived to old age. On the mother's father's side the antecedents are good, and also on the side of the father.

Now, I think in tracing family history in this way we get to the only true—the embryonal—cause of the extraordinary condition of my little patient's teeth. Through the blood of the mother the teeth of the child are influenced. The more I study cause and effect in this connection, the more impressed I am that we want a new departure in physiological science; the birth of a new branch of medicine and dentistry almost exclusively devoted to embryology, that will educate the public to confide in it, or be advised by it. The mere filling of carious cavities in children's teeth, or even the administration of easily assimilated phosphates, or the direction of proper diet, are all on the late side. Family history must be traced before pregnancy if possible, and the embryologist must tell us what is to be done to divert hereditary tendencies, and to improve the prospects of the coming embryo."

The Larynx and Trachea (Retrospect British Medical Journal).—The latest records of the operation on the larynx are very unfavorable, and seem to lead to the conclusion that total removal of this organ is hardly a justifiable proceeding. Mr. T. Holmes published a fatal case in the Journal of October 25, and the operation has been performed with a like bad result in each instance by Mr. Jordan Lloyd, of Birmingham, and Dr. McLeod, of Calcutta. Zesas has lately published a table of no fewer than seventy instances in which the larynx was removed by Billroth, in which it is shown that twenty-eight patients died in the first fortnight, and seventeen before the end of the year; and that in twelve of the surviving patients the disease, which in most of the cases was carcinoma, had recurred. Partial excision of the larynx seems to be a much less serious operation, and, in the opinion of Hahn, of Berlin, is to be preferred to total extirpation, even in cases of cancer, when the disease does not involve more than one side of the organ. Relapse, it is stated, does not occur more frequently after partial than after complete removal for cancerous disease, the functional disturbance after the former proceeding is much less, and the patient, in most instances, is able to dispense with the use of the cannula.

The long-established rule in practical surgery, that the trachea should be promptly opened in every case of foreign body in the air-passages, has of late been questioned by Dr. Weist, of Richmond, U. S. This surgeon, basing his views on the results of an analysis of one thousand collected cases, holds that the simple presence of a foreign body in the larynx, trachea, or bronchi, does not necessitate tracheotomy or laryngotomy, and that, when the body does not cause any dangerous symptoms, no cutting operation should be performed. Voltolini, of Breslau, in a recent paper on this subject, expresses a doubt whether tracheotomy should be performed when it is known that the foreign body is lodged in a bronchus. In May, Dr. Taylor and Mr. Golding-Bird brought under the no-

tice of the Clinical Society an interesting case of removal, by laryngotomy, of a large piece of bone that had been impacted in the larynx during four months

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Changes in Medical Journals are numerous with the beginning of the year. The Annals of Surgery has commenced its existence and judging from its general contents and its "get up" it promises well. The Archives of Medicine and the Index Medicus, two excellent journals, have ceased to exist. We are very sorry. A number of others have made various changes. The Boston Medical and Surgical Journal is published by a Boston Firm, Cupples, Upham & Co. The Therapeutic Gazette is now edited by Prof. H. C. Wood and Dr. R. M. Smith of Philadelphia. The Medical Age has assumed a new dress and adopted a new arrangement; and the Western Medical Reporter, although we have not yet seen a copy, is said to have adopted nine special departments.

Caisson Disease.—Under the above heading Dr. Osler, now of Philadelphia, in a clinical lecture publishes the following:

"The man, J. Farrell, aged 30, who came to the hospital yesterday (17th) with a heavy cold in his chest, is also—or rather has been—the subject of an interesting disease to which the workers in the compressed air of the caissons are liable. Two months ago he went to work at Perryville, on the Susquehanna, where they are building a bridge, and in sinking the piers the men are in caissons, as they are called, in which the pressure may amount to two or three atmospheres. Until Sunday last (13th) he had never suffered any inconvenience, beyond occasional "bends," as he calls them, to which I shall refer later. At 4 a. m., on Sunday he came up from work feeling all right, but before he could get to his boarding-house the left leg became numb, cold and dead, as he puts it, from the hip down, so that he could not walk, and had to be carried home. It did not appear to be painful, but he says the sensation in it was gone. It remained in this state all day, but towards evening he could move it a little, and on Monday morning the power was quite restored. He did not attempt to go to work again; was too much scared! There were some pains about the legs and arms for a day or so, and a feeling of dizziness, particularly if he looked up or looked from a height. He has now quite recovered, expect that on walking, if he looks up, he staggers, and there is a tendency to sway when the eyes are shut. The patellar tendon reflex on both sides is a little exaggerated; no ankle clonus; skin reflexes normal. No other special features. He says that the workmen are much subject to what they call "bends," which, so far as I can make out from his imperfect account, are attacks of pain in the arms or legs, often about the joints, but whether accompanied by spasm or cramp of the muscle does not appear very clearly from his statements. These attacks never come on while in the caisson, but always a few hours or less after they have come up. So also with the more severe attacks; they invariably come on after leaving the caisson, never in it. He states that two men have died of the affection, and that one man is now in the hospital paralyzed in both legs. In the building of the Brooklyn bridge many cases of this curious disease occurred, and Dr. Andrew H. Smith of New York made a special study of it, and was, I believe, the first to give the name by which it is now generally known. According to his description, it is characterized by pain in one or more of the extremities, sometimes with pain in the stomach and vomiting. There is paralysis, local or general, but most often in the lower limbs. Headache, vertigo, and coma may occur. Cases may prove fatal with these symptoms, and, post-mortem, congestion of the brain and cord has been found. In sinking the piers of the bridge at St. Louis, there were many cases and there were twelve deaths among the 352 men employed. The disease has been known to French observers for many years, and has also been met with in miners working in compressed air, and in sponge divers in the Mediterranean. There appears to be no difficulty, in the majority of

the workmen, in standing a pressure of two or three atmospheres, and, as a rule, no inconvenience is felt further than the temporary pain in the ears, due to the pressure on the drums, which disappears gradually. Naturally, there is a tendency for the blood to be driven into the deeper parts, the superficial vessels are compressed, there is less blood in the skin and more in the viscera. The brain and cord, inclosed in solid, incompressible cases, will also have an additional amount of blood. But this does not appear to produce any inconvenience, and men can work for hours under the compression of three or even four atmospheres. The danger is in the transition from a high to a low pressure, and, as this patient has told us, the men are never affected in the caisson, but always on coming up. The occurrence of sudden death, or a rapid paralysis, suggest hemorrhage as the cause, but it has been shown by Hoppe-Seyler that there may be a sudden development of nitrogen gas in the blood on removal from high to low pressure atmosphere, and he attributes the symptoms and the fatal result to the evolution of this gas, the bubbles of which plug the capillaries in the lungs and produce dilatation and stoppage of the heart. Bert states that in an animal under very high pressure, the blood, when withdrawn at low pressure of the atmosphere, will foam from the rapid evolution of nitrogen. The paralysis is probably also due to this cause, and in one case Leyden has found, 15 days after the onset of the paraplegia, lacerations in the cord, which he attributed to the action of the gas bubbles, distending and tearing the capillaries. Schultze, in another case—death 2½ months after the onset—could only find disseminated areas of sclerosis. This really seems to give a satisfactory explanation of the cases, and in this man we may suppose that he has had local development of gas in the lumbar region, limited in extent, probably not destructive, but only expanding the capillaries and inducing a monoplegia, which disappeared with the absorption of the gas. Paul Bert found that if the animals which had been exposed to the pressure of several atmospheres were to be kept alive, the transition to the normal atmospheric pressure must be slow and gradual, so as to permit of the gradual diffusion of the superfluous gas absorbed by the blood under the high pressure. So also it is recommended that, on the first onset of symptoms in men working in caissons, they should be submitted again to the pressure, which should be gradually reduced to the normal standard."

The Lung and Pleura (Retrospect British Medical Journal).—Attention has been directed in this country to pneumotomy, or incision of disorganized lung, with removal of pus and dead tissue, and drainage of the cavity. On May 27th, two cases were reported to the Royal Medical and Chirurgical Society, one by Dr. Cayley and Mr. Gould of gangrene of the lung, the other by Dr. Biss, of a pus-secreting cavity, in which, after the seat of disease had been reached by the trocar, pus was removed and drainage established. This treatment was attended with complete success in the first instance; and, in the case of more severe and advanced disease published by Dr. Biss, undoubtedly gave much relief. Dr. Prisgin Teale also has recorded a case of abscess of the lung cured by incision and drainage; and, early in the year, an interesting case was published, in which Dr. Drinkwater of Sunderland had successfully treated a gangrenous cavity in the upper lobe of the left lung by making an opening in the chest-wall, and excising a part of the third rib, and by removing a mass of disorganized and pulpy lung-tissue. In March, Kroenlein of Zurich put on record a case in which, during the removal of a recurrent sarcoma from the front of the chest, he excised, without any subsequent detriment to the patient, portions both of pleura and lung-tissue. In a communication to the British Medical Journal of June 7th, Sir Spencer Wells gave a sketch of some remarkable experiments upon extirpation of the lungs of animals by Dr. Biondi, of Naples, who, "whilst admitting that the case of phthisis where the disease is limited to one lung, or

to part of one lung, must be rare, still contends that men of experience do occasionally meet with cases where the operation might save a phthisical patient from death."

Estlander's operation of partial resection of one or more ribs in cases of persistent pleural fistula after empyema seems to be in some favor with French surgeons. This procedure was the subject of a recent discussion at the Sociéte de Chirurgie of Paris, and of late has been discussed by Dr. Charles Monod in a valuable contribution to the Progrés Médical.

The Treatment in Cases of Severe Electric Shock seems to consist merely of the expectant plan. Dr. G. F. Schweinitz reports two cases in the Therapeutic Gazette. The first case, the more severe of the two, was unconscious for a number of hours without revealing any symptoms calcutated to excite alarm. He complained of no pain but only of a certain amount of disability in the motions of the right arm and leg. After a period of rest he awoke with no inconvenience except some muscular disability on the right side. The second case was not so severe and the unconsciousness lasted only a short period. We do not think that any one would be so unwise as to attempt to medicate under such circumstances, yet a precedent is always desirable to reflect on.

Case of Erythromelalgia.—The following case presented by Dr. S. Weir Mitchell (Polyclinic) before the Philadelphia Neurological Society, whilst it cannot fail to excite interest, will at the same time explain the technical term employed:

"J. C. R., æt. 53, married, blacksmith, family history good. Mother died at 72. Father still living. Six sisters still living and healthy, two died young. Has three children, all healthy. Has had scarlet fever, and at twenty, variola, which left him slightly hard of hearing. Otherwise always perfectly well until September, 1881, when he first noticed pain on inner side of second toe of the left foot. One year after, the third toe was affected, later, the little, then the fourth, and about four months ago the great toe—all on the same side. They were all affected in the same manner—first a burning, then an aching pain, and some weeks after there would be discoloration of more or less of the toe. Great toe has been least affected of left foot, only feeling sore at tarso-metatarsal joint.

One year ago the pain began in the right foot, first appearing, as in the left foot, in the second toe. Now it affects second, third and fourth toes, but not so badly as in the other foot.

Pain is noticeably worse in wet or cold weather. It is worse at night when the feet get warm. The last seven months, however, this was not so marked. Has occasionally had twitchings, chiefly at night, in calf of left leg and bottom of left foot. About six years ago the arms began to ache at night, and do occasionally yet. Pain is confined, to muscles apparently, just above the elbows. Arms are not quite so strong as formerly but attributes it to want of use. Nine years ago ran a harrow-tooth in outer side of bottom of left foot. It healed without difficulty and left no apparent after symptoms.

In January, 1883, had second toe of left foot amputated at proximal joint. It healed slowly but relieved the pain not only in that toe, but also in the others.

The surgeon who removed the toe said that the amputated portion was "turned to gristle and had no circulation."

Has no history of syphilis nor alcoholism.

At present all the toes affected are discolored. The left foot, up to the ankle, is covered irregularly with reddish patches, sometimes dark and sometimes brighter, disappearing on pressure, and more or less sensitive. Little discoloration on right foot except at corners of nails, and the disease has not developed so rapidly in the right as in the left foot.

Foot more or less swollen to the ankle. "Tendons seem sore." Occasionally pain in outer left ankle. Occasionally whole leg

aches, but greater pain is on the spots of redness.

Pain on walking in the ankle and in the bottom of foot, so can only walk two or three blocks. Within the past few weeks a number of patches have appeared on the left leg, and one on the spine about the middle of dorsal region. For six or seven years has had occasional pains down the spine. It probably comes from a former sprain.

Also occasional sharp shooting pains at back of neck, on each side of spine, and down toward shoulders, in the direction of brachial plexus. Not tender on pressure.

Sensation slightly diminished in the whole left limb, except on the patches of redness, where it is increased.

Elec. condition. No De R. Response equal in both legs to Galv. c. Far. c., slightly diminished action in left leg below knee. Sensation to both currents lessened in left limb. Measurement—r. calf, $13\frac{1}{8}$; l., $12\frac{1}{2}$; r. thigh, $20\frac{3}{4}$; l., $20\frac{1}{2}$.

Temp. R. $92\frac{3}{5}$, L. $93\frac{1}{5}$.
Dyn. R. 71, L. 70.

Appetite good, and, excepting pain, feels as well as ever. Urine, sp. g. 1.027; no albumen nor sugar.

His treatment has been absolute rest, massage, descending stabile galvanic current and hot and cold applications to the spine once a day; chloride of gold and sodium, Fowler's solution and ergot have also been used.

Nov. 21. An irregular-shaped patch appeared on dorsum of each wrist, preceded for 48 hours by pain and soreness; disappeared after being out 36 hours.

Nov. 23. Redness appeared on each arm above elbow. Not preceded by pain, and appearing just after massage. Massage also brings it to view more plainly in the leg.

The Abdomen (Retrospect British Medical Journal).—In passing to abdominal surgery, we find, with regard to laparotomy, that, whilst its indications have increased in number, and its utility has become more extended, it is now much less frequently performed with a view to the removal of cancerous disease of the stomach or pylorus. The following are some of the most important cases of operation on the abdominal viscera thathave been recorded during the year: one of duodenostomy performed by Mr. Southam of Manchester, for the relief of symptoms due to a dense fibrous stricture of the pylorus; one of laparotomy and excision of simple duodenal ulcer, performed by Schede; and another case, under the same surgeon, in which a portion of small intestine, about eight inches in length, was removed for cancer. Kocher has published a remarkable case of gunshot-wound of the stomach, in which the opening, situated on the anterior wall of the organ, was exposed by abdominal section, and closed by sutures. The patient—a lad aged 14—made a good recovery. On the subject of gunshot-wounds of the abdomen, an important paper has recently been published by Professor Parkes, of Chicago, who, by the results of an extensive series of experiments on animals, has been led to advocate abdominal section in instances of such injuries to the small intestines; since hemorrhage is very often so severe in these cases, that it cannot otherwise be safely controlled, and extravasation of the contents of the bowel is as certain as the existence of the wound. Billroth, it has been stated, has lately performed with success complete removal of the pancreas for carcinoma, and also of a large splenic tumor, together with a portion of the pancreas. In the British Medical Journal of April 19th, Sir Spencer Wells published a case of successful removal of two large fibro-lipomata that had apparently originated in the circumrenal connective tissue on both sides. Nephrectomy has recently been performed with success in France by Le Dentu in a case of urinary fistula in the left groin. Although much experience of this operation has been gained by English surgeons, there is still a difference of opinion as to whether lumbar or the anterior abdominal incision should be practiced. This probably will long remain a subject of discussion, although even now, notwithstanding Mr. Knowsley Thornton's able advocacy of

the latter procedure, a large majority of those who have had experience in renal surgery are decidedly in favor of the posterior incision.

As instances of the zealous and active work that has of late been applied to abdominal surgery and the direct treatment of intestinal lesions, we would refer to a paper by Schramm, of Cracow, on laparotomy for intestinal occlusion, dealing instructively with the diagnosis of the different forms of obstruction, and presenting an analysis of 190 cases of operation; to a report by Mr. Makins in the British Medical Journal of August 30th, of a case of artificial anus treated successfully by resection of the small intestine; to a study by Duménil, of Rouen, of colotomy as applied in the treatment of vesico-intestinal fistula, and a contribution on lumbar colotomy by Madelung, of Rostock, who suggest, as a modification of this operation when performed for cancer of the rectum, complete division of the gut and closing by sutures of the peripheral orifice.

In October, an important paper on cholecystotomy was published by Dr. Musser and Professor Keen, of Philadelphia. In this is presented a full and clear statement, based on analysis of thirty-five collected cases of the results of the operation, its indications, the mode of its performance, and the import with regard to operative interference of the several morbid conditions that are symptomatic of biliary obstruction.

Liquor Arsenicalis Locally for Naevi. —Mr. W. J. Beatty, L. R. C. P., writes to the British Medical Journal: "In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the Pharmacopeia, with which the naevus is to be painted night and morning until ulceration takes place; and I find that the cure is effected in from three to five weeks.—Louis. Med. News.

CONTRIBUTIONS.

BLOODLESS AND PAINLESS METHOD OF UNITING INCISED WOUNDS OF THE SCALP.

BY H. SUMMA, M. D., ST. LOUIS, MO.

Encouraged by the good results which I have obtained, I take pleasure in communicating to you my experience in the following cases:

Mrs. A. W., an extremely debilitated lady, also subject to epilepsy, while suffering from a severe attack fell against the sharp edge of a stove and received a severe scalp wound. The wound measured four inches in length and bled profusely. Until this time I only knew of two methods of uniting incised wounds of this kind, viz.

The common interrupted suture, and the application of adhesive plaster. I did not receive permission to use the former and for several reasons I doubted very much that the application of adhesive plaster would secure a good union of the lips of the wound. I therefore tried to secure union by the use of a hair-knot utilizing the hair of both edges of the wound. But this did not answer the purpose as the knot became untied and the lips of the wound separated again. To overcome this last obstacle I put a silk thread along the edge of the wound, over this I made a knot of the hair of the opposite edges. I now used the thread which lay beneath the hair-knot, to make a knot above this latter. The wound was closed and healed nicely per primam intentionem.

A second case was treated in the same manner. Mr.H.S.,while at work,fell from a ladder, broke the radius of the right arm, and at the same time striking his head against a sharp board, received a deep scalp-woundt hree inches in length. The patient's hair was too short for making the hair-knot. But even in such cases a bloodless and painless union of the wound can be secured. After adjusting the silk thread in the afore described manner over the wound, I took hold of the opposite hairs with an artery-forceps fastened the thread around the bunch of hair (which made a sufficiently thick layer) and made the knot as before. This wound was closed and healed also by first intention.

Since obtaing the above results, I have always used this method of union, and always succeeded in obtaining primary union.

The recommendations of this very simple method are the following points, to-wit:

1. The method is performed without the loss of blood.

2. Is painless and adaptable to every age and constitution.

3. Infection by instruments or septic material cannot result; consequently the danger of inflammation and erysipelas is lessened.

4. The closure of the wound is more uniform and trustworthy than we can expect after the application of adhesive plaster.

5. The taking away of the material which unites the wound, is also painless.

You are respectfully requested to give the above described method a trial whenever you have the opportunity, and I feel confident of good results. Furthermore, I believe, that this method of treating wounds of the scalp may be regarded as a contribution to "Conservative Surgery," and may be named as above indicated.

TREATMENT OF CHRONIC ULCERS OF THE LEG.

BY C. DU HADWAY, JERSEYVILLE, ILL.

Every physician and surgeon has his perplexities in the practice of his profession. I have many perplexities, but the management of old chronic ulcers, so frequently seen by the surgeon, has been to me one of the most difficult undertakings,until the last five years. Since that time I have adopted a course of treatment quite different from any laid down in our text books. The plan adopted by me is that of sponge-grafting. The treatment is not original. I saw it mentioned in some medical journal about five years ago. Having had a case of sponge-grafting of a little different nature,it occurred to me that sponge-grafting for the cure of ulcers, and especially of the leg, would be worthy of a trial. About ten years ago I was called to see a young man, (a carpenter by trade) who had driven a two-inch chisel into the inner side of his knee,cutting the anastomotica magna artery. The hemorrhage was very great. Dr. A. A. Shobe, of Jerseyville, Ill., was called at the same time. Upon consultation we agreed to ligate the artery, but upon a search for proper instruments for that purpose, we found we did not have them at our immediate command. The bleeding continuing profuse, I tore off a small piece of sponge, and grasping it in a pair of dressing forceps, dipped the sponge into a strong solution of tannic acid and crowded it into the cut. The bleeding stopped. I simply put on a common roller bandage, elevated the limb, and left the patient with instructions to keep quiet. I saw him every day for four days, and everything being all right,I did not remove the sponge.

Dr. Shobe, on the sixth day, insisted on the removal of the sponge. I made the effort at removal, but could only pinch off small pieces with the forceps, and in the pieces extracted I could plainly see the cause of the sponge adhering so firmly—the granulations had sprung up and insinuated themselves into the interstices of the sponge, and, having locked themselves fast into the sponge, when I would pull off a piece,I would break off the granulations and cause bleeding. I saw the best thing to be done was to let it alone. My patient was out in about fourteen days on crutches, and in about six weeks was entirely well. The sponge never was removed, only by absorption.

Now I will describe my treatment for ulcers. The size of the ulcer makes no difference. I first cleanse the ulcer with castile soap-suds, then dry it off, and, having previously prepared my sponge, I place it on the ulcer. The next thing to be done is to plaee over the sponge a piece of lead foil sufficiently large to cover the sponge; then, over that a rubber bandage to hold the sponge and foil down in such a manner as to make equal pressure, but not so tight at the same time as to interfere with the circulation. The bandage and lead foil must be removed twice a day, for the purpose of dressing the ulcer,being very careful not to lift the sponge out of the ulcer. I generally use for washing and disinfecting the ulcer and sponge the following : Equal parts of distilled water, glycerine and Listerine, or the following: Aqua dist., glycerine aa ℥ij; acidi carbolici, 95 per cent, ʒij. M. I use either of these by means of a small syringe. After dressing the sponge and ulcer in this way, I replace the foil and bandage as before. In a very few days you find the sponge will not fall off so very easily, for the granulations having sprung up and locked themselves into the interstices of the sponge, hold the sponge fast; at the same time absorption of sponge is going on. So by the time the ulcer is healed the sponge is absorbed. This gives the doctor no trouble, and the patient can attend to it for himself. Rest, at the same time, is a very great desideratum,though I have cured many cases where the patient continued to follow his daily avocation. The preparation of the sponge is of great importance. I select a very fine sponge (a surgeon's sponge) wash it clean in distilled water,'then immerse it in nitric acid, c. p., for the purpose of cleansing it of all lime or other earthy matter that may be in it.

I rinse it through a half dozen washings of water to get the acid out as nearly as possible; then I immerse it in carbolized water, when it is ready for use. The sponge must be cut a little larger than the ulcer, and very thin. The sponge acts at the same time as a protection to the granulations, and keeps them from being destroyed.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, Saturday, January 31, 1885. Dr. Atwood, President, in the Chair.

CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

DR. MEISENBACH presented a bottle of Wyeth and Bro's bichloride of mercury compressed tablets, stating that each one contains 7.3 grains of bichloride of mercury and 7.7 grains of muriate of ammonia. By dissolving one tablet in a pint of water a solution of 1 in 1000 is obtained. These tablets are made after the formula of Dr. Wilson of Philadelphia, and are very convenient as they can be carried in the pocket, and a solution of any desired strength quickly made.

DR. HULBERT stated that he had used corrosive sublimate as an antiseptic and salivated five cases at the Female Hospital. He employed it as a vaginal douche twice daily in the strength of 1 in 3000.

DR. A. GREEN said that there was no doubt that bichloride of mercury was a most powerful antiseptic and a most dangerous one too; more so than carbolic acid. This latter shows its presence in the body very plainly and by discontinuing its use temporarily, it may be resumed without danger; besides, it does not accumulate in the body. Morever, a solution of corrosive sublimate is irritating to mucous membranes, whilst carbolic acid as strong as in a 3 per cent solution will not irritate even the lining of the air-vesicles. No doubt bichloride of mercury is superior to any germicide we possess. The speaker had used it two years ago but would hardly do so again. He regarded its use both unscientific and impracticable and that it is most dangerous.

DR. BREMER did not believe that the surgeons who use it as an antiseptic also use it as a dressing; it is used only during the operation. It is certainly the most powerful of all the antiseptics and, if there is any truth in the germ theory, is the remedy par excellence. Those surgeons, in Europe, who have used it have no disastrous consequences to report. Of course, it must be used with caution. Antiseptics destroy protoplasm and disease germs consist of this. We have toxic effects due to iodoform and carbolic acid as well as from bichloride of mercury. The speaker found it quite natural that salivation should follow its use as an injection, as some of the fluid was retained in the vagina and absorbed. The manner in which it is employed is for cleaning instruments and washing the wound right after the operation.

DR. HULBERT said that the salivation was very light. He has used corrosive sublimate as an antiseptic a little over a year on about 300 cases and only 5 were affected. The time varied in these cases from three to seven days. He valued this agent very highly as an antiseptic and thought that the success of puerperal cases at the Female Hospital was due to its use.

DR. BORCK thought that Dr. Bremer was right in his statement that surgeons only employ it for cleansing purposes.

DR. MEISENBACH had no doubt that it was a strong germicide and no other could take its place for cleansing purposes. His experience with it is that it is a comparatively safe and reliable germicide. He had used it directly to wounds but twice and it seemed to act well, and the result was better than in other cases where carbolic acid or other antiseptics were used.

DR. POLLAK stated that Dr. Johnston had a carbuncle, $6\frac{1}{2}$ by $7\frac{1}{2}$ inches, which was washed out every day with a solution of bichloride of mercury. It had a splendid effect. There was no other treatment, except an application of chlorate of potash.

DR. A. GREEN said that if a germicide was of any value it ought to prevent a carbuncle arriving to that size, if there is any truth in the germ theory. He would inject it into the carbuncle itself. In regard to a former remark, he wished to explain that a part of the corrosive sublimate will remain in the system, and when carbolic acid is used it will not.

DR. BORCK injected one drop of carbolic acid into a carbuncle that was forming and painted it over with the same, and in three days it had disappeared. He tried this method again, but it did not succeed.

DR. DORSETT said that he had been injecting carbolic acid in buboes and in the enlarged glands of adenitis. It acts well in about one-half the cases, and in the other half produces worse results than if they had been left alone.

DR. MEISENBACH wished to call Dr. Green's attention to the fact that when a surgeon sees a carbuncle it is generally too far

advanced to abort it. One very good method, if it is seen early, is compression. It had been adopted by English surgeons in preference to the crucial incision.

Dr. Atwood said that a method not mentioned was to pass a knife under the carbuncle and then to make applications of permanganate of potassa.

Dr. Pollak had seen dry cups alone used, with wonderful results.

Dr. Bremer said that, in regard to the danger of using mercurial preparations, he believed our generation too much under the impression of the scare of those experimenters who produced caries of the bones by feeding dogs on excessive doses of mercurials. The time-honored phrase also, that mercury destroys the plasticity of the blood, has no value. In medicinal doses and carefully used, mercury is a tonic, not only in syphilis, but also in the normal state. Rabbits thus fed increased in weight. The continued employment of corrosive sublimate in dressing wounds would, no doubt, be followed by poisonous effects.

Dr. Borck asked why it should be detrimental to the dog and beneficial to the rabbit?

Dr. Bremer answered because it was given to the former in excessive doses and acted as a poison. Phosphorus acts in the same manner, and similarly is a tonic in medicinal doses.

Dr. Borck asked if it might have acted well upon rabbits because they were syphilitic?

Dr. Bremer said that if rabbits were syphilitic it would be the greatest boon to mankind, as we might experiment upon them. No animal is susceptible to it. He had seen a picture of a syphilitic monkey and the sores looked bad, but even the monkey does not always respond to the virus like man. There is an affection of the hare called syphilis of hares,but it is merely a trouble of the genitals. There is no doubt, however, that the rabbit is a scrofulous animal and has a predisposition to tuberculosis.

Dr. A. Green could not subscribe to the idea that any drug a part of which was not a normal constituent of the body could prove a tonic. Science, at the present day, rejects the idea of quinine being a tonic. It is only such because it acts against the malaria lurking in the system. Mercury is a tonic because it acts as an antidote for the poison in the system—syphilis

Dr. Hurt considered Dr. Green but half right. It is very true that those chemicals capable of being incorporated must be considered tonics. Anything that will stimulate the tissues to appropriate the proper nutriment may be availed of as a tonic.

Dr. Bremer said that the inhabitants of Steuermark are all arsenic eaters and prosper on it. They take it daily and more than a grain in a day; and are all healthy men and women. He did not think that we could combat facts with theories. The time had passed when we could prove anything by arguments; facts and experiments were required now. The way for Dr. Green to combat the fact that rabbits increase in weight under mercury would be by experiments showing a decrease.

Dr. Green remarked that mercury is a remedy for the bacillus of tubercle.

Dr. Bremer felt glad that we had at last discovered this, for it was a wonderful discovery that mercury is the remedy for the tubercle-bacillus.

Dr. Meisenbach inquired as to what effect mercuric chloride had on the red blood-corpuscles?

Dr. Bremer answered that it increased their number.

Dr. A. Green wished to explain: A germicide may act directly on micro-organisms or it may alter the fluids so that they cannot multiply. Consequently what may act as a germicide, altering the fluids in a rabbit, may not prove beneficial in the other animals, not to mention man.

Muriate of Cocaine.

Dr. Borck inquired if any of the members had made further experiments in the use of muriate of cocaine as an anesthetic.

Dr. Pollak had used it daily, as it was also done by every oculist in the city. The medical journals are full of it. He had employed it in several cases of strabismus, in iridectomy, cataract, glaucoma, and especially when removing foreign bodies from the cornea.

Dr. Williams had lately employed it in an iridectomy and for pterygium with perfect success. He had also employed it to remove foreign bodies from the cornea, with good effect.

Dr. Meisenbach had used it to destroy hyperesthesia of the urethra, injecting a drachm of a 4 per cent solution repeated in four or five minutes. A catheter was easily and painlessly passed and only elicited pain at the membranous portion where the injection had not reached. A second attempt, with the same quantity, was not so successful.

Dr. H. W. Hermann had a case of chronic myelitis with vesical paralysis necessitating the drawing off of the urine several times a day. He used a solution of cocaine to anes-

thetize the canal and it extended to the external sphincter of the bladder; the injection not having reached any further,

Dr. Bremer.—How much does such an injection cost?

Dr. Meisenbach.—The patient got two drachms of a 4 per cent solution for one dollar, but it was an error.

Dr. Williams.—A 4 per cent solution is worth $2.25 a drachm.

Dr. Pollak—You can get cocaine from New York at a half-dollar a grain or five dollars for a half-ounce of a 4 per cent solution. An exceedingly painful operation is paracentesis of the membrana tympani.In one case two drops of the solution of cocaine was instilled and a like quantity five minutes later, and no trouble was experienced during the operation.

Dr. Borck had tried the drug in several cases. When applied to the cornea it seemed to harden it apparently. He employed it to cut the fungus granulation of an ingrowing toe-nail. He penciled it over with a 5 per cent solution and in five minutes did so again. The patient did not feel the cutting. He supposed that it would act very nicely on the skin as a substitute for ether and rhigolene.

Dr. Bremer noted that cocaine long since had been described as a first-class local anesthestic, but it was not until its application to eye cases that it gained so much reputation. This only shows what an amount of remedies there is in store for us yet. He had had lately tried cocaine in a case of sciatica. He found that it acted in about the same manner as morphia and atropine, combined, except that it prevented the patient's sleeping for eighteen hours. There was no delirium but a slight exhilaration and an inability to sleep. The effects were no better than opium, but rather worse from its effect in preventing sleep.

Dr. Borck stated that in producing local anesthesia with ether or rhigolene, no pain is felt in cutting, but if any of the drug gets into the wound it is very painful. Now cocaine does not produce this effect. It may be applied, during the operation, to the wound and it keeps up the anesthesia.

Dr. Lee injected five drops of a 2 per cent solution into a bubo and then opened it with little or no pain.

Dr. Pollak saw a woman at his clinic making grimaces and holding her hands to her abdomen. On inquiry he ascertained that she was suffering from dysmenorrhea and that she had been in the hands of a number of gynecologists and still had no relief. He injected five or six drops of a 4 per cent solution over the site of pain and, in less than a minute, she felt easier and walked home in comfort. He has not seen her since.

Dr. Bremer suggested this might be a "faith cure."

AMERICAN PUBLIC HEALTH ASSOCIATION.

Secretary's Office,
Concord, N. H., Jan. 7, 1885.

(Preliminary Circular.)

The Thirteenth Annual Meeting of the American Public Health Association will be held at Washington, D. C., December 8–11, 1885.

The Executive Committee have selected the following topics for consideration at said meeting:

1. The best form in which the results of registration of diseases and deaths can be given to the public, in weekly, monthly, and annual reports.
2. The proper organization of health boards and local sanitary service.
3. Recent sanitary experiences in connection with the exclusion and suppression of epidemic disease.
4. Healthy homes and foods for the working classes. (See Lomb prize essays.)
5. The sanitary conditions and necessities of school-houses and school-life. (See Lomb prize essays.)
6. Disinfection and individual prophylaxis against infectious diseases. (See Lomb prize essays.)
7. The preventable causes of disease, injury and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them. (See Lomb prize essays.)

All persons who propose to present papers at the next annual meeting (price essays excepted as per conditions elsewhere given) must place the same in the hands of the Secretary at least three days before the commencement of the annual session, as such papers must be examined by a committee before being read. This rule will be rigidly enforced, and all authors must be governed by it. After December 1, 1885, papers must be sent to the Secretary at Washington, D. C., care of Dr. Smith Townshend, Chairman Local Committee of Arrangements. Active and associate members have equal rights in the presentation and discussion of papers. The Local Committee of Arrangements is already organized, and active work

begun to make the next meeting a large and successful one.

The generous prizes offered by Mr. Henry Lomb will tend to awaken an increased interest in the great work which this association has for years been successfully prosecuting, and will add much to the already more than national reputation of its beneficent undertakings.

The cooperation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

THE LOMB PRIZE ESSAYS.

Mr. Henry Lomb, of Rochester, N. Y., has offered, through the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions mentioned elsewhere:

1. Healthy Homes and Food for the Working Classes. First prize, $500; second prize, $200.

Essays to be of a practical character, devoid as far as possible of scientific terms. They must be within the scope and understanding of all classes, and designed especially for a popular work.

JUDGES:—Dr. E. M. Moore, President State Board of Health, Rochester, N. Y.; Dr. C. W. Chancellor, Secretary State Board of Health, Baltimore, Md.; Medical Director Albert L. Gihon, U. S. Navy, Washington, D. C.; Dr. J. H. Raymond, Health Commissioner, Brooklyn, N. Y.; Major Charles Smart, Surgeon U. S. Army, Washington, D. C.

2. The Sanitary Conditions and Necessities of School-Houses and School-Life. First prize, $500; second prize, $200.

The object and intention of these essays is to furnish instruction to those having the care of the common schools: construction of buildings, hygienic conditions, management, etc., as well as valuable knowledge to teachers and parents upon matters allied to school interests.

JUDGES:—Hon. Erastus Brooks, LL. D., State Board of Health, N. Y.; Dr. H. P. Walcott, State Board of Health, Lunacy, and Charity, Cambridge, Mass.; Dr. Granville P. Conn, President State Board of Health, Concord, N. H.; Hon. John Eaton, Commissioner of Education, Washington, D. C.; Col. George E. Waring, Jr., C. E., Newport, R. I.

3. Disinfection and Individual Prophylaxis Against Infectious Diseases. First prize, $500; second prize, $200.

This subject will embrace the kinds, value, and relative merits of disinfectants, as well as the methods of use. Also the means that may be employed by the individual to avoid contagious and infectious diseases.

JUDGES:—Dr. S. H. Durgin, Health Officer, Boston, Mass.; Dr. J. E. Reeves, Secretary State Board of Health, Wheeling, W. V.; Dr. Gustavus Devron, President Aux. San. Association, New Orleans, La.; Prof. Richard McSherry, M. D., Baltimore, Md.; Prof. James L. Cabell, LL. D., University of Virginia, Va.

4. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the best Means and Appliances for Preventing and Avoiding them. First prize, $500; second price, $200.

Under this head the conditions and necessities of the American mechanic are to be especially considered, and the thorough consideration of a class will be regarded of more value by the judges than a superficial review of the whole field. Original investigation will weigh much in awarding the prizes, while compilations from existing literature or foreign statistics will not find favor with the judges.

JUDGES:—Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.; Dr. A. N. Bell, Editor Sanitarian, New York City; Major George M. Sternberg, Surgeon U. S. Army, Baltimore, Md.; Major John S. Billings, LL. D., U. S. Army, Washington, D. C.; Mr. W. P. Dunwoody, Secretary National Board of Health, Washington, D. C.

CONDITIONS:—All essays written for the above prizes must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before October 15, 1885. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto on the outside of the envelope. A caligraphic copy of each essay will be made by the Secretary and placed in the hands of the judges, so that they will be totally ignorant as to the author.

After the prize essays have been determined upon, the envelopes bearing the mottoes corresponding to the prize essays will be opened, and the awards made to the persons whose names are found within them. The remaining envelopes, unless the corresponding essays are reclaimed by authors or their representives within thirty days after publication of the awards, will be destroyed unopened by the Secretary.

The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health, and are empowered to reject all papers if in their opinion none are worthy of a prize. The essays awarded the prizes are to become the property of the American Public Health Association.

None of the judges will be allowed to compete for a prize on the subject upon which they are to pass judgment.

The judges will announce the awards in the second week of December, 1885, at the Annual Meeting of the American Public Health Association.

It is intended that the above essays shall be essentially American in their character and application, and this will be considered by the judges as an especial merit.

Competition is open to authors of all nationality, but all the papers must be in the English language.

It is expected that arrangements can be made to have these essays widely distributed to the public, and to the persons mostly interested in the respective subjects in the United States. The American Public Healtn Association earnestly appeals to those able to compete to take part in this work, which it is believed will do much to augment the health, comfort aud happiness of the people.

Per order Executive Committee,

IRVING A. WATSON,
Secretary.

CLINICAL LECTURE.

GASTRIC CANCER—CARCINOMA OF THE HEAD OF THE COLON—CANCER OF THE STOMACH—GRANULAR CONTRACTED KIDNEY FOLLOWING TUBULAR NEPHRITIS.

A Clinical Lecture Delivered at the Hospital of the University of Pennsylvania.

BY EDWARD T. BRUEN, M. D.,

Assistant Professor of Physical Diagnosis in the University of Pennsylvania.

REPORTED FOR THE REVIEW BY WILLIAM H. MORRISON, M. D.

GENTLEMEN:—You will recollect this man with cancer of the pylorus whom I showed to you last week. At that time, I told you that there were three indications for treatment: 1. The regulation of the diet. 2. The administration of some remedy to control the most marked symptom, the vomiting. 3. Failing to relieve the vomiting with regulation of the diet and the use of suitable remedies, washing out the stomach with a syphon. During the past week he has gained a pound and a half.

He was given two and a half ounces of milk every two hours. This was gradually increased to four ounces every two hours. A pill containing one-twelfth of a grain of nitrate of silver and one-sixth of a grain of opium was administered four times a day, the object being to quiet the irritable stomach. The amount of opium was a little greater than that which we usually employ. In ordinary cases, where we wish to act more especially on the mucous membrane,as in gastric ulcer and catarrhal conditions of the stomach, the quantity of nitrate of silver is increased and the quantity of opium diminished from the amounts which I have mentioned. If this combination had not succeeded in checking the vomiting, we should have substituted belladonna for the opium.

CARCINOMA OF THE HEAD OF THE COLON.

Here is a patient 45 years of age, whose present weight is 139 pounds. He presents the cachexia to which I have called attention in the last two clinics, that is a dirty white hue of the face. The tongue and the lips, and the conjunctiva and gums are blanched.

The history of this case is as follow: Two years ago without obvious cause, and without any history of injury, a lump began to develop in the right iliac region. This gradually increased in size. There were no other special symptoms until seven months ago when he commenced to have diarrhea. More recently the bowels have been natural. During the early period of his malady he noted on one occasion that for a week the discharge from the bowels consisted of a blackish material. The family history is good. His best weight was about 150 pounds.

Looking at the abdomen we at once notice a prominence in the right iliac region. It is apparently attached in this position, for when the patient changes his attitude, it remains in the same situation, and when I attempt to drag it to the opposite side of the abdomen, I am unable to do so. The tumor is hard, and evidently not very sensitive. The dimensions are about five inches in breadth and four inches in length. On percussion it is slightly resonant. There is a tympanitic resonance running up from this to the liver and then across, showing the course of the colon. The remaining portion of the abdomen gives the tympanitic resonance of the

small intestine. The tumor has never changed its position. From this examination it would seem that this growth is connected with the colon. The points favoring such a view are, first, its position near the head of that viscus; second, the fact that it has always remained adherent in this position; and thirdly, from that point around the line of the colon, the same tympanitic resonance prevails. I wish to call attention to a drawing which I have here and which illustrates the changes which may take place in certain portions of the colon. This represents the transverse colon displaced downwards, owing to the accumulation of feces which has taken place in the colon, drawing it downwards.

When we consider the portions of the intestinal canal which are most liable to disease, we find that the colon is the portion very frequently affected. Malignant disease of the intestine most commonly originates at those parts which are most liable to suffer irritation, either from impaction or from temporary lodgment of feces. Of all parts of the intestinal tract, the rectum is the most frequently affected. The next most frequent point attacked is the sigmoid flexure; then comes the colon and then the duodenum near the stomach. The intermediate portion is rarely involved.

In malignant disease of the colon is diarrhea present? The bowels are usually confined, because the disease as a rule involves the whole lumen of the intestinal tube, thus making it narrow. In some cases, the growth causes a thickening of the wall of the gut and really leads to distension, and the bowels may therefore be natural. I think that the tympanitic character of the resonance over this growth is to a certain extent in favor of the idea that the calibre of the intestinal tube is not narrowed. If there is no narrowing of the calibre, there may be no disturbance of the bowel, but enteritis is exceedingly apt to be developed, and I think that the diarrhea in the present instance was due to this condition.

In studying a case of this kind, it is always very desirable to carefully examine the character of the stools. The patient states that he has passed some black material which he attributes to the medicine which he was taking. I think that, more probably, this black material was altered blood. When the disease is low down in the rectum the blood which escapes is apt to be pure and of a red color. When it comes from a point higher up, as in the colon, it is apt to be black.

To sum up, we have a tumor, appearing without a distinct cause associated with cachexia, and the discharge of blood. These are the positive points. Among the negative points which are also of importance, is the fact that the nutrition has not been more markedly affected. If there is malignant disease of the stomach, there is such interference with digestion that emaciation is rapid and cachexia may be extreme at an early period of the case. If, however,the malignant disease is so low down as the colon, it does not interfere so much with digestion and the loss of flesh and failure of general strength is not so markedly rapid. Another point against the idea of malignant disease is that the man has lived longer than the average case viz., a year to eighteen months. He states that it has been two years since he discovered the tumor and that he has not been especially worse during the past six months. Lately there has been no diarrhea and no evidence of inflammation of the bowel. I think that the fact that the bowels have been opened more or less all the time and that occasionally there have been attacks of diarrhea, negatives the idea of impaction of feces. We must, however, not forget that at times impaction occurs with a regular movement of the bowels. In one of my cases there was all the time a movement of the bowels, while there was considerable impaction of feces through which was a narrow channel allowing the fluid feces to pass. I think, however, that in this case such a condition may be excluded and the diagnosis of malignant disease of the cecum accepted as the correct one.

Cancer of the Stomach.

I bring this other case before you as a fresh example of serious malignant disease. I shall call attention to the salient points in this woman's history. She is 50 years of age; the family history is negative; the stomach has always been weak, requiring her to be very careful in regard to diet. Three years ago she commenced vomiting blood. This she thought to be connected with the climacteric. One year ago, dyspeptic symptoms became pronounced without obvious cause, and the flesh and strength progressively failed. At different times she has had attacks of vomiting. You observe the cachectic appearance.

I next wish to show you a tumor which is present in this case. It is in the epigastrium, a little above the umbilicus. It is about two inches in height and three inches across. Placing my hand on the tumor, I find that it pulsates, but this is an up and down movement and not an expansile pulsation. When

the patient assumes a kneeling posture which carries the mass away from the aorta, the pulsation ceases. With the stethoscope I hear a murmur over the tumor, which disappears on changing the position of the patient.

This patient exhibits the essential symptoms of gastric cancer, but I think there are certain points which go to show that the growth is not limited to the pylorus. The tumor extends a considerable distance beyond the pylorus, and then there is a matting together of the tissues and attachment of the growth to the abdominal organs. The tumor cannot be moved in a lateral from its site. Where the pylorus is the only part involved, the tumor is usually very movable.

Granular Contracted Kidney, following Tubular Nephritis.

Before bringing in the next case I wish for a moment to call attention to this example of granular contracted kidney. You see how small the kidneys are. The surface is markedly granular. Where I have attempted to remove the capsule some of the parenchyma has been torn away. Looking at the inside of the organs it is seen that the secreting portion is almost obliterated, and all that remains is the pyramidal structure. The pathological change in this process takes place chiefly in the connective tissue, which undergoes hyperplasia. This is followed by contraction, which from the pressure produced causes atrophy of the secreting portion of the organ and leads to a reduction of the size of the kidney. The other great variety of Bright's disease is that in which the process is limited especially to the tubular portion of the kidney. It occurs as a catarrhal condition of the tubules of the kidney and leads to enlargment of the entire organ, which is due to the proliferation of the cells within the tubules and occasions the swelling. The pressure induced by the swelling, deprives the kidney of its blood-supply and gives it a white appearance from which this condition derives the name of the large, white kidney. There are two minor varieties of renal disease, one of which is the gouty kidney and the other the cardiac kidney, in both of which the process occurs primarily in the connective tissue. There are certain cases which lie between the two great divisions of Bright's Disease. For instance, there may be a certain amount of catarrhal process associated with interstitial nephritis. The catarrhal trouble may be arrested by treatment and the kidney undergo contraction and come to resemble, to a certain extent, the contracted organ which I have just shown to you.

The patient which I shall have brought in now, probably illustrates this condition. However, most observers would say, she is in the stage, so-called, of contraction of the large white kidney. Two years ago this girl began to suffer with dropsy, which is characteristic of renal disease, viz., swollen face, swollen neck and swollen limbs. The amount of water was very small. She also suffered from headache and dyspepsia. She temporized with these symptoms, sometimes being better and sometimes worse. A month ago, however, she came to us with an exacerbation of all her symptoms,so that she was unable to go about, she was therefore admitted to the house under my care. As a result of treatment she went out nearly well so far as the symptoms were concerned. The treatment consisted of that ordinarily employed in these cases, the use of milk diet, jaborandi, steam baths and so on, with the occasional administration of a laxative. This treatment was without benefit and I therefore decided to try the use of cantharides. I gave tincture of cantharadis, and under its use the quantity of urine reached eighty or ninety ounces. The number of casts also diminished. Cantharides probably acted not only as a diuretic,but probably also as a mild stimulant to the epithelial cells of the kidney and I have frequently observed very good effects follow its employment—although it is scarcely suitable for cases unless the chronic stage is well established.

I wish more especially to call attention to the present condition of the patient. I consider that the kidneys now represent the contracted kidney chiefly, because there is hypertrophy of the heart with the arterial lesions which are usually found in such cases. There is an increase of the first and second sounds of the heart and an extension of the area of cardiac dullness. This is due not to obstruction of the passage of the blood through the kidneys but to the continued irritation of the vaso-motor nerves dependent on the retention in the blood of materials which it is the function of the kidney to excrete. This causes a spasm of the arteries,which, if kept up, brings about a hypertrophy of the muscular coat of the arteries and also of the connective tissue coat. As the result of the excessive cardiac power and high arterial tension, even without any treatment, she is passing a considerable amount of urine—some sixty or seventy ounces per day. The contracted kidney is also indicated by the persistent presence of a greater or less number of hyaline casts. These form by far the preponderating casts although a few epithelial casts may be found.

This patient also presents one of the most favorable conditions in this disease. If you can carry your patients safely through the first two years of catarrhal nephritis, you will probably reach a period when a more favorable prognosis can be given. If this patient can avoid exposure to cold and calling unnecessarily upon the kidneys, there is no reason why her present good health should not continue indefinitely. A few days ago, I told a man with a contracted kidney to avoid cold. Instead of following my instruction, he went out after night and sat on a balcony. He became chilled and the following day had a renal convulsion and died. The specimens which I showed you to-day were removed from his body. That is the way in which these cases are apt to terminate, or sudden psychical emotions, after degeneration of the heart has begun, can lower arterial tension by action on the heart and precipitate uremia.

This girl should wear woolen clothing from one end of the year to the other, and I should advise a little continued counter-irritation in the lumbar region over the kidney. If I thought that there was simply contracted kidneys, I should not be particular about the counter-irritation, but as I know that there was a catarrhal condition, I wish her to continue the counter-irritation. We shall employ for this purpose some irritant such as croton-oil.

In case the urinary secretion should diminish in amount, digitalis with cantharides shall be used.

There is one symptom which I should like to control, and that is the excretion of albumen. Her urine will probably throw down one-fourth of its bulk of albumen. After getting it to this point, I am unable to get it any lower, although I have tried almost every drug recommended for reducing the quantity of albumen. The most satisfactory results probably follow the use of nitro-glycerine.

Diet is an important element in the treatment, especially to combat the albuminuria. This patient from the outset had lived largely upon milk, of which she can take five pints per day. When she is taken off of the milk she does not do so well. Occasionally chicken or meat once a day has been added, and sometimes boiled rice or oat meal, but these foods have never been allowed to replace the milk diet, and have only been added when the general symptoms were favorable. The chief guide to association of the above articles with a milk diet is the weight. Among the working classes, when they are occupied, additions to a milk diet may be necessary to maintain a standard weight.

BOOKS AND PAMPHLETS RECEIVED.

Diseases of the Urinary and Male Genital Organs. By W. T. Belfield, M. D. Published by Wm. Wood & Co., New York.

Therapeutics of the Respiratory Passages. By Prosser James, M. D. Published by Wm. Wood & Co., New York.

A Manual of Medical Botany of North America. By Lawrence Johnson, A. M., M. D. Published by Wm. Wood & Co., New York.

Address in Medicine before the Medical Society of the State of Pennsylvania. By W. H. Daly, M. D.

Extensive Burn Involving the Cavity of the Knee Joint. By W. H. Daly, M. D. Reprint from British Medical Journal.

Club-Foot. Is Excision of the Tarsus Necessary in Children? By DeForest Willard, M. D. Reprint from the Transactions of the Medical Society of the State of Pennsylvania. 1884.

Rural Schools: Progress in the Past; Means of Improvement in the Future. No. 6—1884, of Circulars of Information of the Bureau of Education.

Building for the Children in the South. Washington Government Printing Office, 1884.

ITEMS.

—At a recent meeting of the Northumberland and Durham Medical Society (Med. Press and Cir.), Dr. Drummond, of Newcastle, demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspire deeply), and then close the mouth and expire slowly though the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism.—Louiv. Med. News.

—Ovariotomy at three months is reported in the Edin. Med. Jour. and herniotomy in the Lancet at six weeks. Both successful.

—The St. Louis firm of Aloe, Hernstein and Co., Importers and Manufacturers of Surgical, Optical and Electrical Instruments, has dissolved. The new firm conducting the business is Hernstein and Prince.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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APHASIA AND APHEMIA. — The above closely allied affections are well characterized and their difference markedly brought out in the following descriptive notes (London Lancet, 1884):

Aphasia.—A woman, aged fifty-two, on November 20, being previously in good health, was found at 8 A. M. sitting on the side of her bed, unable to speak or to move her right arm or leg. For five days she did not seem to understand anything, though there was apparently no actual loss of consciousness. The patient was admitted to the London Hospital on December 12, when her condition was as follows: She is intelligent, and seems much distressed at her present condition. She has complete motor paralysis in the right arm and leg; the sensation in them is increased. There is no facial paralysis. Patient can open her mouth, but cannot protrude her tongue when told, though she makes great efforts to do so. She cannot say "yes" or "no" in answer to any question, nor does she even shake or nod her head. She is, however, constantly saying either "Oh! dear me!" an expression she habitually used at home, or "Pretty Kitty!" (an expression never heard at home), though she does not say either one or the other when told to do so. Her articulation and vocalization, though confined to these four words, are perfect. The patient will not make the least attempt at writing (with her left hand), nor does she ever read. If several numbers are written down she points to the one representing her age. There is no history of syphilis. The heart, arteries and lungs appear normal. She has control over the sphincters. She has some small varicose veins in the leg. A fortnight after her admission the patient said on one occasion to her nurse, "Make it," referring to her bed, and now occasionally shakes her head in negation. Her condition is otherwise unchanged, though she makes great efforts to speak. In this case there is no loss of articulation (aphemia), no loss of voice (aphonia), no mere loss of memory (amnesia), but there is complete loss of intelligent speech, spoken or written (aphasia).

Aphemia.—The patient is a man, aged twenty-two. On December 12, at 8:30 A. M., he was suddenly seized with loss of speech and admitted to the hospital the same day. He did not lose consciousness. He has right facial paralysis, principally of the lower half of the face. He can protrude the tongue readily, which is deflected to the paralyzed side. He has slight paresis of the right forearm and leg. In answer to every question he can give only a sort of husky grunt. He cannot utter a single word. He had been hoarse for a fortnight before the attack, but the voice is now much improved by the application of the interrupted current to the vocal cords. The patient is very intelligent, and nods or shakes his head, or writes his answers correctly by pantomime on his hand with one finger or with paper and pencil.

No specific history can be obtained. The heart and arteries are normal. In this case the patient was at first aphonic, but has now recovered his voice. He is not aphasic, for though he cannot articulate he can speak intelligently (if one may use the expression) in writing. He has, however, totally lost the power of articulation, though there is no paralysis of these muscles, and no difficulty of deglutition, and is therefore aphemic. After three weeks his condition remained unchanged.

THYROID GLAND (Retrospect British Med-

ical Journal).—Since the publication in 1883 of Kocher's important paper on thyroidectomy, much attention has been directed to this subject, and to the condition of so-called cachexia strumipriva, which, in the experience of Kocher and Reverdin, frequently follows this operation. In his opening address at Belfast, before the Section of Surgery, Sir William MacCormac recorded a case of successful removal of a large goitre without any bad results, and referred to the views of Semon on the identity of the cretinoid condition described by Kocher with the affection termed myxedema. With the aim of settling the disputed question of the relation of this condition to removal of the thyroid gland, series of experiments on animals have been performed by Zesas, Schiff, and Horsley. According to the two first-named observers, thyroidectomy in animals is soon followed by a general morbid condition, the chief signs of which are somnolency, unsteady gait, muscular tremors, and convulsions. Zesas holds that removal of the thyroid gland is not a justifiable surgical operation, since the regulation of the cerebral circulation is one of the physiological functions of this body.

Diseases of Joints (Retrospect British Medical Journal).—The discussion at the Clinical Society on joint affection in connection with locomotor ataxy, though of much importance from the eminence of most of the speakers, does not, so far as it has gone, seem to have definitely settled any one of the difficult questions connected with the so-called Charcot's disease. The discussion, however, and the number of cases and specimens shown at each meeting, could not fail to excite further interest, and to increase the number of observers; and Mr. Morrant Baker, in his paper, has laid down certain lines of future inquiry which seem likely to lead to more satisfactory knowledge of this rare and obscure arthropathy. Notwithstanding Mr. Barwell's clear statement of the distinctions, in typical cases, in the anatomical and clinical characters of Charcot's disease on the one hand, and of chronic rheumatic arthritis on the other, powerful support was given to the view that the former is not an entirely separate disease, but, as Sir James Paget believes it to be possible, is a method of rheumatic arthritis influenced by the presence of the locomotor ataxy.

Of the very few contributions that have been made in 1884 on the treatment of diseased bone and joints, the most novel is one by Mr. Treves, on the direct treatment of psoas abscess with caries of the spine. This treatment, which was advocated at a meeting of the Royal Medical and Chirurgical Society, is applicable only in cases of disease involving the lumbar vertebræ, and consists in cutting down upon theanterior surfaces of these bones through an incision made in the loin. Loose portions of disease, Mr. Treves states, can be removed where such exist; and in one of the illustrative cases a large sequestrum, involving a great part of the body of the first lumbar vertebra, had been removed. This procedure is likely to prove a valuable one, not, indeed, as effecting any radical cure of spinal caries, but rather in fulfilling the indication of laying open the psoas abscess near the primary seat of the disease, and affording the most direct route for the discharge of pus.

Books on Surgery (Retrospect British Medical Journal).—During the year, new editions of the principal text-books on Surgery in use in this country have appeared. Mr. Erichsen's treatise on the Science and Art of Surgery has reached an eighth edition, in which the work has, with the aid of Mr. Marcus Beck, been brought well up to the level of modern surgical practice. Mr. Holme's Principles and Practice of Surgery, and Mr. Bryant's Practice of Surgery, have each reached a fourth edition. Among other useful works in this department may be mentioned, a second edition of Mr. C. B. Keetley's Index of Surgery, a second part of Mr. F. A. Southam's Regional Surgery; the fourth volume of Dr. Ashurst's International Encyclopedia of Surgery. and Mr. Walter Pye's Surgical Handicraft.

Cystitis and Irritation of the Prostate.—The American Med. Digest reviews an article by Dr. R. A. Reed in Med. Gaz. on the subject and gives the following differential points:

Cystitis.	Irritation of the Prostate.
A constant desire to void the urine.	Micturition more frequent, but not a constant desire, which is increased toward the afternoon and evening.
Great straining and tenesmus during micturation.	Weight and bearing down in the perineum. A slight smarting or tingling as the urine passes the prostate, accompanied with a prickling or burning sensation in the glans penis.
Urine ammoniacal, high colored and often loaded with mucus and pus.	Urine not much changed, excepting it is abnormally acid, and more highly colored.
Little or no tenderness of the prostate.	Marked tenderness over the prostate.
Pain and uneasiness over the pubes.	Pain and uneasiness in the perineum.
Epithelial casts of the bladder.	No epithelial casts of the bladder
No cast of the prostatic ducts.	Casts of the prostatic ducts in the catarrhal form of irritation.
No pa[illegible] passing the catheter, except after reaching the bladder.	Pain in passing the catheter marked along the prostatic urethra.
Desire for copulation not increased, but usually diminished.	Desire for copulation increased rather than diminished.
Generally marked constitutional disturbances.	Seldom any marked constitutional disturbances.

Radical Cure of Hernia (Retrospect British Medical Journal).—In the latest attempts to effect by operation the radical cure of hernia, the "invagination" method has been neglected in favor of procedures aiming either at obliteration of the whole sac or simply at direct closing of its neck. A portion of Sir William MacCormac's surgical address at the meeting of the Association at Belfast was devoted to this subject, and several cases were recorded therein of successful excision of the sac. Professor Stokes advocates an operation consisting in the insertion through the incised neck of the sac, near to the external ring, of one or more catgut sutures, and the subsequent approximation of the pillars of the ring by sutures of stronger and more durable material. Mr. Barton, of Dublin, cuts down on the neck of the sac, and brings the pillars of the ring together by strong silver wire, which he allows to remain. Torsion of the sac is recommended by Mr. Ball, of Dublin, who, in a paper read before the Section of Surgery at Belfast, gave details of a case in which, after having exposed the neck of a large scrotal tumor, and separated it from the cord, he twisted this portion of the neck with some force.

Fiat Justitia, Pereat Mundus.—A harrowing illustration of the crimes committed in the name of justice and of the "persecutions of the law "is afforded by the details of the case of alleged malpractice on the part of Dr. Spitzer, a widely known and respected physician of Vienna. The particulars we glean from the "Oesterreichische Aerztliche Vereinszeitung."

Dr. Spitzer was the physican of a family named Kautsky. On March 29, 1884, it was reported to him that a daughter of the house, aged 14, had frostbite of several fingers and he was requested to prescribe. The doctor ordered application of iodine-collodion to the parts affected. On April 4, the doctor saw the patient and noticed that gangrene of the tip of the little finger had set in. He attributed this to the constriction caused by a very tight glove-finger, that the girl wore on the member in question. Proper treatment was directed by Dr. Spitzer, and a physician, whom he had called in consultation. On April 21, during a temporary absence of Dr. Spitzer, the family consulted Prof. Weinlechner regarding the case. He advised amputation, giving as his reason, that the process of exfoliation would be a tedious one. Thereupon the family instituted proceedings in court through the medium

of one Dr. Raab, physician to the police-circuit.

On trial Dr. Spitzer declared that he was not blameable in the case; that the use of a one per cent solution of iodine and collodion had never produced such serious consequences; that medical literature did not show a report of gangrene following such treatment; that his endeavors were directed to saving as much of the finger as could be saved. He ascribed the gangrene to the wearing of the tight glove-finger over the frostbitten member. Prof. Weinlechner, as a witness, stated that he employed dilute tincture of iodine, but no iodine-collodion, in frostbite; that the collodion when applied "circularly" would constrict. He added that he knew Dr. Spitzer for many years and that he had never heard aught, that could be construed as ignorance or negligence, in the man's professional conduct.

A number of governmental physicians, individuals that appear to play the role of judicial blood-hounds, testified against the doctor and demonstrated in court the constricting influence of iodine-collodion, when circularly applied about a finger. They unqualifiedly charged the gangrene to the collodion; and to aggravate the case harped upon the fact that the doctor had prescribed without first having seen his patient. The defendant prayed the court for an expert opinion of the faculty of medicine of Vienna. This was denied. The counsel for defendant urged his points of defense and denied malpractice, pointing to 25 years of unblemished professional career. On the given expert testimony Dr. Spitzer was fined 200 gulden, and the practice of his profession was denied him until such time as he could produce a certificate of examination, setting forth that he, by earnest application and study, had become fully proficient in his calling. Further, the doctor was sentenced to the payment of 150 gulden in reimbursement for surgical treatment of the case and to the payment of 500 gulden consequential damages.

On appeal, the higher court granted that the opinion of the Faculty be procured, that being the highest medical authority according to the law. In this opinion the Faculty set forth that the experts in the first proceedings deduced the grangrene as being consequent upon circular or annular application; that the application had not been so ordered by Dr. Spitzer. Further, that a series of experimental researches by Prof. Albert demonstrated that no gangrene follows the application of iodine-collodion; and that there was no evidence showing that the case presented features indicative of beginning and preventable mummification. Thereupon Dr. Spitzer was declared not guilty and the judgment of the lower court annulled.

In the meantime Dr. Spitzer had commit ed suicide by drowning.

Disinfecting the Sputa of Phthisis.—According to the Lancet Dr. J. Sormani, Professor of Hygiene at the University of Pavia, gave some interesting details at the Hygienic Congress at the Hague, concerning experiments made this year on one hundred and fifty guinea pigs with the sputa from phthisis. The object in each case was to ascertain what chemical or other methods would neutralize the action of the bacillus which it was previously ascertained existed in large numbers in the sputa. The results of these experiments were summarized in the following manner:

1. The bacilli of tuberculosis were generally very difficult to destroy; dryness, exposure to oxygen, putrefaction, and most disinfectants failed to produce any effect.

2. A temperature of 100° C. only killed the bacilli after at least five minutes of ebullition.

3. The artificial digestion of the bacilli showed that they were the last of all living organisms to be destroyed by the digestive juices or chloridic acid. A very active digestion is necessary to kill this microbe. A healthy man may destroy the bacilli in his stomach, but an infant or an adult with his digestive faculties impaired would easily allow the germ to pass the stomach intact, and

retain its virulence in the intestinal tube. This determined enteric ulcerations, etc.

4. The bacillus of tuberculosis can be preserved intact for a whole year when mixed with water. It is probable, though not proved, that it has retained its virulence during that time. Thus drinking water may become the means of propagating tuberculosis. It is probable that contaminated linen retains its virulence for five or six months.

5. Alcohol does not destroy the germ, and hard drinkers often suffer from tuberculosis.

6. Codliver oil, ozone, oxygenated preparations and other similar remedies have no effect in killing the bacillus, nor are benzoate of sodium, salicylate of sodium, sulphate of zinc, and carbolic acid, iodide of silver, bromide of camphor, etc., of much use. They injure, perhaps, but do not absolutely destroy the bacillus—at least, not in the doses that can be taken without danger.

7. A more decisive action may be attributed to creosote, eucalyptol, pure carbolic acid, the naphthols, and bichloride of mercury.

8. For disinfecting spittoons, carbolic acid, solution at 5 per cent is thought sufficient, and Dr. Sormani asserts that the breath never contains any bacilli. He also suggested that essences of turpentine or eucalyptol should be diffused in the houses as an agent for the destruction of this special germ.

Hyperidrosis and Bromidrosis.—In the Philadelphia Medical Times the above subjects are handled by George Henry Fox, as follows:

"Hyperidrosis is an affection in which there is an abnormal functional activity of the sweat-glands. Many, especially corpulent people, who are otherwise in apparently perfect health, sweat excessively without apparent provocation, and are annoyed to a greater or less degree, particularly in warm weather. The affection may occur in an acute form, and subside in a short time, but generally it is extremely chronic.

Hyperidrosis may be general or local in its manifestation.

Occurring over the whole surface of the body, it is not usually severe, but when limited to certain parts, it is much more noticeable, and constitutes a not uncommon and an extremely disagreeable affection. The palms, soles, and axillæ are the parts which are most apt to be the seat of the trouble, but the face and the genital region are not infrequently affected,

In rare cases, hyperidrosis occurs in a unilateral form. One side of the head, or one of the extremities, or even one-half of the entire body may be bathed in perspiration, while the opposite side retains its natural condition.

Hyperidrosis of the hands is not only annoying to the patient himself, but to those whom the social custom requires him to greet with a shake of the hand. Often, also, the affection prevents the sufferer from following any occupation involving the handling of fine textures.

Hyperidrosis of the feet is often associated with a similar condition of the hands, but either may exist alone. When the feet are the seat of the affection, the stockings, however frequently changed, are kept moistened with the secretion, and even the leather covering of the feet becomes soaked in time. A disagreeable odor is usually occasioned by the chemical change which the secretion undergoes.

Treatment.—The predisposing causes of hyperidrosis should be diligently sought for in every case, and removed if possible. Nervous derangement and an impaired circulation are frequently underlying conditions, which demand the most careful hygienic treatment. Among the drugs which have been recommended as capable of producing beneficial results in this affection are atropia and ergot. Small doses of jaborandi have also been employed with good effect in both local and general hyperidrosis. As it is impossible in many cases to determine the precise cause of the disorder, we are generally forced to depend largely upon external prep-

arations, many of which give immediate relief, and in time subdue the excessive secretion. When the sweating is general, baths containing sea-salt or carbolic acid may be employed, or portions of the body rubbed successively with a soft sponge dipped in the following lotion:

Sulphate of quinine,	- -	5 parts.
Alcohol,	- - - to	500 "

M.

In hyperidrosis of the axilla or genital region, the skin may be bathed with a strong solution of tannin or alum, and after careful drying, the following powder dusted over the surface:

Salicylic acid,	- - -	3 parts.
Starch,	- - - -	10 "
Talc powder,	- - to	100 "

M.

For the hands and feet, a similar plan of treatment is useful. Another excellent remedy is the subnitrate of bismuth, rubbed well into the skin after bathing, or dusted over the inside of the gloves or stockings. Hebra advised a plan of treatment which, if properly carried out, usually affords immunity from the annoying secretion for a considerable time, if it does not effect a cure. This plan consists in spreading diachylon ointment upon pieces of linen, with which the fingers and toes, as well as the rest of the hands and feet, are carefully enveloped. This dressing is to be re-applied twice daily for a week or two, the hands not being washed in the meantime. The application causes an exfoliation of the epidermis, leaving the skin soft and comparatively dry.

Bromidrosis is an affection in which the perspiration is characterized by a peculiar and usually an extremely disagreeable odor. The normal perspiration has always a slight odor, although this may not usually be perceptible to the average sense of smell. In disease, also, the perspiration is frequently changed in character, and various affections have been supposed by some to have each its distinct and characteristic odor. Certain persons, whose skin is perfectly free from disease, and whose general condition is good, exhale from their bodies a peculiar odor, which seems to be natural to them.

In bromidrosis, the secretion may exist in normal amount, or it may be in excess. The latter is commonly the case upon the feet and in the axilla, in which case we have simply hyperidrosis with a fetid odor. This odor may not be due to any change in the composition of the perspiratory secretion, but usually results largely from the decomposition of the sweat, which has soaked into the clothing of the part. In bromidrosis of the feet even the shoes may become saturated with the secretion.

The peculiar odor may also be due, in a great part, to a peculiar secretion of the sebaceous glands, which becomes mingled with the perspiration. As the fetid secretion of bromidrosis is more irritating to the skin than a simple excess of perspiration, we find in this disease a marked tendency for the skin, especially of the feet, to become macerated and tender. Upon the soles the epidermis is always sodden,and often peels off in large masses, leaving an inflamed and often eczematous condition, through which locomotion is often seriously impaired.

Treatment.—The general treatment of bromidrosis is substantially the same as that of hyperidrosis, since whatever lessens the amount of the secretion, tends to diminish the unpleasant odor. The more severe forms of fetid sweating are often checked by the adoption of such measures as promote the general health of the person affected. As palliatives lotions, and dusting-powders of an antiseptic character have been found most useful in bromidrosis, especially when the disease involves the feet, as it is most apt to do.

For bathing the skin a one-per-cent solution (five grains to the ounce) of chloral or permanganate of potash is both cleanly and beneficial. It should be applied with as little friction as possible, and allowed to dry upon the skin, or the excess of moisture may be removed by the pressure of a soft warm cloth. Ainsworth recommends the application of the following powder:

Dried alum, - - - 45 parts.
Salicylic acid, - - - 5 "
M.

Thin, of London, recommends the use of boric acid. The stockings should be changed twice daily, and the stocking-feet placed for some hours in a jar containg a saturated solution of boric acid. They are then dried, and may be worn again, the odor having disappeared.

Cork soles are to be worn during the day and soaked over night, like the stocking-feet, in a jar of boric acid."

The Rectum (Retrospect British Medical Journal).—On the subject of the operative treatment of malignant disease of the rectum, now the chief point of interest in connection with the surgery of this region, an important discussion took place at the last International Medical Congress, in which extirpation was strongly advocated by Esmarch and Volkmann, and as strongly opposed by representative French surgeons.

Importance of Early Removal of Caseous Lymphatic Glands.—Dr. Geo. R. Fowler, of Brooklyn, (N. Y. Med. Journal, Jan. 10) argues: 1. That what may appear—and in the opinion of the older teachers was—an innocent cheesy gland, which had become so from an inspissation of its contents, is really the site of an infiltration of material which rapidly becomes propagated and constitutes the so-called caseous lymphadenitis. 2. That this caseous infiltration may be, and in all probability is, either the bearer of, or the soil proper for, the cultivation of the spore or germ upon which the anatomical product known as tubercle depends for its formotion. 3. That there is a period of quiescence varying perhaps in different individuals, duriug which no advance in the disease takes place, but during which the patient is threatened with an outbreak of generel tuberculosis. 4. Whenever such caseation is within reach of surgical art, the same rule that is applicable to carcinoma and sarcoma—namely, early, thorough and complete removal—should be practised; and this rule might be of service in those doubtful cases where a persistent lymphadenitis, without caseation occurs and no explanation or reason for its existente can be found, as well as to enlarged and indurated glands found in the neighborhood of those, the site of caseous infiltration.

Cleanliness Among Out-Patients.—The British Medical Journal contains the views of an American physician to the following effect: The pubic and pudendal hairs are found to be a prolific source of disease among the poor, retaining secretions and filth. At every opportunity the patients are urged to wash themselves more frcely, and to use as much care, and take as much pride, in being clean in and about the privates, as they do with the teeth, and hair of the head. In many cases it is advisable to snip off all extra hair about a chancroid, or in those very unelean and negligent. In my experience, both sexes are too negligent of cleanliness of the sexual organs. Men with long foreskins often fail to draw back the skin to wash away the sebaceous matter collecting about the glans, while bathing, the result of which is a most sickening odor when it is discovered, often causing irritation, eczema, and even a discharge, misleading one to believe it to be gonorrhea. All ladies should wash the vulva daily; the vagina, even in health, should get its bi-weekly wash, and most certainly after menstruation. One medical man affirms that the lack of cleanliness is one grand cause of uterine disease. Small clots and films of blood may remain for days in the vagina after the menses, and, putrefying, act as irritating centres.

A Field for Statistical Investigation.—The Maryland Medical Journal writes that the clinical records of our hospitals should be utilized to a much larger extent than they are at present, and states, that by being carefully studied from time to time they, without doubt, would yield very valuable statistical information, which, by throwing light upon

faulty methods of treatment and imperfect hygienic regulations, would accomplish much toward the perfecting of the methods now in vogue.

"The cleanly wards of a well-kept hospital with its spotless walls, well-scrubbed floors and rows of tidy-looking beds, certainly do not present an unsanitary appearance, and yet as the Northwestern Lancet, in a recent number, takes occasion to point out, in or around about the very beds themselves may lurk hidden and unsuspected sources of disease.

A hospital is spoken of where, during one year, three or four surgical cases, which had successively occupied the same bed, had had septic symptoms of some sort. It occurred to the house-surgeon to look up the record of that bed for a series of years back, and he found, as a result of his investigations, that an unusual number of cases of septicemia, erysipelas, etc., had originated there. It was then found that there was a defective sewer-pipe very near to the bed in question. The ward was temporarily vacated, and the defect in the sewerage remedied. There has been no sepsis originating in the ward during the several years which have now elapsed.

Sir Andrew Clark has found that the corner beds in barrack rooms have a much higher sick-rate than others. His results are used as an argument in favor of circular wards.

It is suggested thht the mortality of each bed for a number of years be looked up, together with the number of cases of septic disease originating in each.

The plan, we think, is a good one, as the subject is one in which statistical investigation would be of great value, and could be easily carried out in hospitals that have records. The investigation should not be confined to surgical wards, but an attempt should be made to discover whether typhoid fever, pneumonia, etc., do better in some beds than in others. The field is one in which the internes of hospitals may distinguish themselves."

Urinary Organs (Retrospect British Medical Journal).—The most important of recent contributions on the subject of urinary surgery is undoubtedly the course of lectures delivered at the Royal College of Surgeons by Sir Henry Thomson. In the recently published volume of this course will be found a lucid statement of vesical tumors, and a forcible advocacy of the claims of internal urethrotomy in the treatment of stricture.

Nephrectomy and Nephrotomy.—We recently published the views of Billroth on the operations named and stated that they were based on the entire number of such operations recorded. He, it will be remembered, advocates the lumbar incision and his cases were generally successes. Mr. J. Knowsley Thornton, of London, however, by his results strongly champions the ventral incision and in reply to a query by S. W. Gross, writes as follows according to the Med. News:

"I have had eleven nephrectomies, all by abdominal section, and all have recovered and are well. In case 2, I had already performed a lumbar nephrotomy, and failed to improve the condition of the patient by drainage. I utilized the opening for drainage after removing the kidney. Case 6 has not derived much benefit, and has, I think, disease of the other kidney and bladder.

Nephrectomies.

1. Æt. 7. Congenital hydronephrosis. Ureter a fibrous cord. Weight of fluid and kidney about seven pounds.

2. Æt. 26. Scrofulous kidney, weighing eighteen and a half ounces. Langenbuch's incision. Ureter brought up and pinned outside.

3. Æt. 58. Calculous pyelitis. Sac weighed five pounds, and contained twenty pints of pus. Langenbuch's incision, and ureter pinned outside.

4. Æt. 53. Sarcoma of the capsule, weighing eleven pounds. Ureter dropped, and sloughed and came away through drainage opening in forty days.

5. Æt. 42. Wound of ureter during previous ovariotomy.

6. Æt. 26. Scrofulous pyonephrosis. Langenbuch's incisiou, and ureter pinned out.

7. Æt. 28. Left kidney removed immediately on finding that I had cut a piece out of the ureter in attemptiug to remove a retroperitoneal cystic tumor. Langenbuch's incision, and ureter pinned out.

8. Æt. 49. Calculous pyonephrosis. Large uterine fibromyoma removed at the same operation.

9. Æt. 32. Calculous hydronephrosis. Langenbuch's incision, and ureter pinned out.

10. Æt. 48. Scrofulous or tubercular kidney. Langenbuch's incision and ureter dropped.

11. Æt. 35. Hydronephrosis. Langenbuch's incision and ureter pinned out.

NEPHROTOMIES.

1. Æt. 43. Pyelitis. Lumbar incision and drainage. Kidney has returned to normal size, and all pain has gone, and patient in perfect health.

2. Tubercular kidney. Lumbar incision. Pain relieved, but fistula never healed. Patient eventually died of suppression of urine, with disease of other kidney.

3. Æt. 25. Scrofulous kidney· Lumbar incision and drainage. Subsequent successful nephrectomy.

4. Æt. 30. Cysts of both kidneys. Lumbar incision and drainage. Recovery.

NEPHROLITHOTOMIES.

1. Æt. 23. Combined abdominal and lumbar incision. Rapid recovery.

2. Æt. 43. Lumbar incision. Slow recovery, but perfect."

3. Æt. 40. Lumbar incision, Slow recovery, but perfect."

Dr. Gross calls attention to the circumstance that in seven cases the ureter was "pinned out," that is to say the vesical end was fixed outside of the abdomen; and that this procedure had been theoretically objected to; but that its success is a complete vindication of its merits in preventing the access of septic material contained in the ureter into the deep wound.

THE PRECARIOUSNESS OF A PHYSICIAN'S INCOME.—The following very true remarks we read in the London Med. Times, Med. and Surg. Rep.—:

"No profession suffers more than ours from the financial pressure incident to sudden failure of health, to accident and to misfortune occurring in the course of a professional career. The medical man, unlike the trader, must earn his living with his own brain and his own hands. When he is disabled even temporarily in mind or body, his power of earning leaves him. A great merchant, when his physician expressed surprise at the serenity with which he bore a long-continued illness, answered, "On my sick-bed I have the consolation of knowing that others are toiling for me day and night; manager and clerks working in my office, ships bringing my merchandise over sea to the markets, and sellers earning me money, and keeping my children, even while I lie here disabled." The medical man has no such comfort. For him the suspension of working-power means the suspension of earning power. Bodily pain is only too often intensified by mental suffering and financial worry, and the same blow which affects his physical well-being often shatters his prospects in life, and leaves him more or less helpless. Even in temporary emergencies, the necessity of paying for a substitute at a time when his earnings are diminished, greatly adds to his cares, and tends rapidly to exhaust his resources."

CONTRIBUTIONS.

OPERATION FOR CATHETER BROKEN OFF IN THE PROSTATE.

BY DR. J. V. BEGHTOL, LINCOLN, NEB.

A. B., aet. 84, while attempting to introduce into his bladder a flexible rubber catheter, on the night of July 20 last, broke off within the prostate gland a portion about an inch in length, or the distal end beyond the fenestrated opening. Before relating the result of this accident and the surgical procedure in the case I will say, that the old gentleman had for several years been suffering from urinary difficulty, during which time it frequently became necessary to use the catheter. This he had learned to do himself,

usually without difficulty, but at diverse times it became necessary to call in medical aid. During the last five or six years the patient had labored under two very severe attacks of orchitis, and it was during this time that I first became connected with the case. These attacks I regarded as arising through sympathy with the cystic trouble and the frequent use of the catheter. They resulted in the formation of pus, which was removed, by the lancet, the case terminating at each time in complete recovery. By rectal examination and otherwise and by the rational symptoms in the case I had satisfied myself that the prostate was enormously enlarged.

Physicians who had treated him previously had declared the existence of "stone," and while there were present some of the indications of a calculus, yet from repeated examinations with the sound and the use of other means resorted to in such cases I had never been able to verify their diagnosis. In the present instance I saw the patient about daylight following the accident; he seemed to be suffering great pain, with considerable tenderness and a constant desire to micturate, with quite an anxious expression of the face but little febrile movement. Before instituting a close examination I gave him a full dose ot morphia and ordered a flannel cloths wrung out of hot water applied over the region of the bladder.

While waiting for the effects of the opiate, I took occasion to examine the broken instrument. It had been in use a year or more, and from the fact of its having been at times kept in the bladder all night or longer and subject to the chemical action of the urine, it had become corroded and very much weakened in the situation of the eyelets. I learned, that during the previous night he attempted to introduce the instrument, remarking at the same time to his son, who sometimes assisted him, "I will soon have to buy me a new catheter, for this one is about used up." To safely enter the viscus, the point of the instrument had to be kept well pressed against the roof of the urethra, because of the various "pockets" present, resulting from the previous ineffectual attempts at its introduction. After several trials himself, and also by his son, and becoming anxious for speedy relief, he used an extra amount of force, at the same time giving it a rotary motion, as it seems he had done before with success, which had the effect of twisting and breaking the instrument as above stated. I was soon summoned, but did not reach him until the next morning.

The morphia now having taken effect, the patient being quite tranquil, I proceeded with the examination. I introduced a No. 6 catheter into the urethra and proceeded cautiously down the channel. All went well until the point of the instrument came upon the prostatic portion, where it met with a very decided obstruction and all attempts to go beyond it or dislodge it in any way proved ineffectual. Different instruments were improvised and several plans resorted to, but all failed.

On examination of the rectum nothing could be felt except the prostate,which was so large, that it encroached very considerably upon the bowel. I now become convinced that the fragment had became thoroughly impacted in the prostate and that all attempts to remove it by the urethra would prove abortive. The old gentleman was now comparatively free from pain and I explained to him and the family, that, while tapping the bladder would give him some temporary relief, yet nothing short of an operation by perineal section and the removal of the foreign body would save the patient.

Although the patient was advanced in years yet he had a good constitution and aside from the bladder difficulty enjoyed good general health. I then sent a messenger for Drs. Ross and Boggs, and after administering to the patient, looking toward his present comfort and future procedure, I left, appointing a meeting at four o'clock in the afternoon that being as soon as all parties could get around. At the appointed time I met Drs. Ross and Boggs, who after examination and hearing the history of the case gave sanction regarding past procedures and also the contemplated operation. A moderate laxative having been administered in the forenoon, I further made sure of emptying the rectum by giving an injection of warm water. A small quantity of brandy was now given to which a quarter grain of morphia had been added. All things now being in readiness, the patient was placed in the ordinary lithotomy position, aud Dr. Ross proceeded to administer the anesthetic. I have always been partial to the use of chloroform over that of ether or any mixture of the two. I give it on an ordinary pockethandkerchief compressed in the hand, and when given with a sufficient amount of atmospheric air I think it quite safe. I then introduced a well-grooved lithotomy-staff; passed down until the point rested against the obstruction and gave it into the hands of Dr. Boggs, who firmly held it in position, the handle upright, the curve resting under the pubic arch. All instruments which would probably be needed during

the operation, having been treated with an antiseptic solution, were now placed within easy reach on my right. I prefer this rather than have them handed me by an assistant. The patient now being under the influence of the anesthetic, I passed the index finger of the left hand into the rectum and with it supported and retained the prostate in apposition with the staff, as well as steadying all the parts implicated in the operation.

A nearly transverse incision was now made just in front of and bordering on the sphincter ani muscle, similar but not as long as that made by Dupetrien in the bilateral operation for stone. The skin and superficial fascia were divided and the membranous portion of the urethra laid bare below the bulb. The left forefinger was now withdrawn from the rectum and introduced into the wound, the nail of the finger guiding the knife into the groove of the staff. The point of the scalpel being safely lodged into the groove, I reinserted the finger into the rectum as before, to prevent the prostate and bladder receding during the last incision. I then slit the urethra down to and partly into the left lobe of the prostate keeping the knife somewhat lateralized. I then ordered the staff withdrawn a little and inserted my finger into the urethra. It readily came in contact with the fragment, which I felt to be strongly impacted partly in the left lobe of the gland and partly within the urethra. After little dilatation and the slitting of a few fibres with a probe-pointed bistoury I passed along the finger a pair of seizing forceps and by changing fingers and slightly elevating the gland the fragment was readily extracted; contrary to my expectation the removal of the fragment was not immediately followed by the flow of urine, due, I suppose, to some swelling in the parts adjacent to the fragment and spasm of the neck of the bladder. I then introduced a silver catheter through the wound and the contents readily flowed out, after which the bladder was thoroughly washed out with warm water by means of a syringe. Being in such close proximity to the bladder and so easy of access I made a thorough examination for calculi but found none with the exception of two or three small concretions sometimes found in the ducts of the prostate in very old persons. The time of the operation *per se* was about ten minutes. The patient recovered from the effect of the anesthetic nicely and in a couple of hours conversed freely about his condition. The after treatment was about as is usually employed after lithotomy. A soft rubber catheter was kept through the wound for two days, but no longer; urine flowed from the wound for about four days and then through the urethra—the wound at all times presented healthy appearance and great care was exercised in the antiseptic cleansing of the parts and the changing of soiled cloths from the third up to the seventh day. Considerable fever supervened, though the temperature at no time registered three degrees above normal. At the end of the tenth day the patient sat up for a few minutes. Two weeks after the operation the wound was almost healed and the patient sat up for some time. Considering the age of the patient the recovery was very rapid. Six weeks after operating I was at the house of a friend, a quarter of a mile from Mr. B's residence, who hearing of my being there walked over to see me. He looked quite well and walked with a cane, which was given him the year before as being the "oldest man" in that community.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, Saturday, February 7, 1885. Dr. Dudley, President, pro tem. in in the Chair.

INJURY TO THE SPINAL CORD—SPECIMEN.

DR. LUTZ presented a specimen of the spinal cord taken from a man aged 47, who, on November 20, 1884, whilst walking down stairs in the dark, fell, and when picked up was paralyzed in the upper and lower extremities; the bladder and rectum acted normally. Dr. Lutz saw the patient December 8, eighteen days later, when this condition existed. A physician had the case under treatment prior to this, but he was not seen, so that the early history of the case was not learned. On examination a bed-sore was found as large as a silver dollar, but there was no evidence of injury or deviation in the spinal column. The only other symptom present besides paralysis of motion was sleeplessness. There was no rise of temperature or acceleration of pulse. The diagnosis, which it is customary to make in such cases and which appeared the most probable, was concussion of the spine. When symptoms like the above occur after an injury and a fracture, dislocation or effusion of blood cannot be made out, it is customary to denominate it concussion of the spine. The speaker, however, was free to say that in this case, there was not enough evidence to make

such a diagnosis. Erichsen and Gage have written works on this subject, the latter saying that concussiou of the spine occurs rarely, if ever. The treatment in the case reported was principally directed to the bed-sore. Iodide of potassium together with iron and quinia internally; three weeks later sulphate of strychnia and tincture of nux vomica. In spite of this the patient died and the post-mortem examination revealed no lesions of the spinal column. There were two distinct hemorrhages in the space between the dura mater and the bony walls; the first extending from the last cervical to the fourth dorsal vertebra,and the second from the last dorsal vertebra to the cauda equina. Both hemorrhagic clots were situated posteriorly, the upper one being the smaller and partially organized; the lower one pressed so much on the cord, that it produced an appreciable softening, flattening it antero-posteriorly. The patient died, in Dr. Lutz's opinion, of the bed-sore, as it enlarged in spite of all treatment. There was no hemorrhagic effusion in the cord itself. The difficulty first encountered is in making a diagnosis. If those who have written upon the subject are to be believed, posterior dislocations, fractures of the transverse process and pressure upon the cord may be found, although not discovered antemortem. In cases of this kind the possibility of recovery is not as small as is generally supposed. There are many cases where concussion of the spine has occurred with hemorrhagic effusion which was absorbed, just as occurs in the brain. He believed that the profession holds, that there is such a thing as concussion of the spine without appreciable lesion. This is rare and requires great diagnostic acumen.

Dr. Dean wished to know how hemorrhage could occur in the absence of concussion.

Dr. Lutz did not want to say that there was no concussion, but that in this case a diagnosis of concussion of the spine would be erroneous. By concussion of the spine or brain we mean a condition where the function is interfered with without any appreciable lesion.

Dr. Dudley inquired if there was not a confusion of terms.

Dr. Lutz said it was a subject upon which much diversity of opinionexisted. Erichsen describes quite a number of pathological conditions of the spinal cord and column under the name of concussion of the spine, and of late has arisen the name of "railroad spine."

Dr. Borck thought it an interesting question, as to whether the man was paralysed before he fell or not, as the paralysis might have caused his fall.

Dr. Lutz said that the patient made a misstep and fell down stairs, and, when picked up was paralyzed, which would exclude previous disease.

Dr. Dean noted that the fact of the existence of no perceptible lesion in the cord and that the vessels were ruptured showed a concussion of the spinal column.

Dr. A. Green thought that the hemorrhage might have taken place in the vessels between the dura mater and the walls of the canal. It was strange that there was paralysis of motion and not of sensation. Besides, the clots of blood were located exclusively in the posterior part, therefore there was more pressure than on the anterior portion of the cord, which would lead us to suppose that paralysis of sensation should have been more marked than that of motion. He thought the patient died of septicemia, and that if the bed-sore had not occurred he might have regained motion.

Dr. Lutz asked Dr. Green if he were called upon as an expert to a case with apparent injury to the cord and made a post-mortem and found a tangible lesion such as an effusion of blood, would he not attribute the disturbance to this rather, than to an impalpable and undemonstrable condition like concussion of the spine?

Psoriasis.

Dr. Dean called attention to a case of psoriasis, published by Dr. Ohmann-Dumesnil, remarking that the patient had been treated at the City Hospital, his skin being cleared in a very few weeks by the external use of a mixture of chrysarobin and salicylic acid in collodion.

Dr. Ohmann-Dumesnil stated that he had no opportunity of treating the case, as the patient disappeared from under his observation immediately after having been photographed. His experience with chrysarobin in psoriasis has been very satisfactory. But he had no doubt that salicylic acid would have a very good effect in this trouble as well as in those squamous skin diseases in which sapo viridis, pyrogallic acid and other agents of a similar character, had proven effectual.

Dr. Love asked for the strength of the solution of salicylic acid.

Dr. Dean said that two and a half to three per cent was soluble in water.

Dr. Ohmann-Dumesnil remarked that if other vehicles were employed, mixtures could be made varying in strength from ten grains to one drachm to the ounce.

CHICAGO MEDICAL SOCIETY.

Reported for the Review.

The Chicago Medical Society held its regular meeting, Monday, Feb. 2, 1884, Dr. D. A. K. Steele, presiding.

Dr. Boerne Bettmann read a paper on the Peroxide of Hydrogen as a Medicine. After a brief history of the preparation both as a chemical and therapeutical agent the author referred to his own personal experience with the agent. He had used it in a number of cases of chronic otorrhea and succeeded with its use where boric acid had failed. His mode of using it is to instill the solution,such as it is supplied by the pharmacists, through the external meatus into the middle ear, after having thoroughly removed all the pus in sight. The solution finds its way among the small granulations and interstices of the middle ear and effectually destroys the granulation tissue and its products—pus. Its activity is seen by the observer and its bubbling in the middle ear is realized by the patient. Its special virtues he considered were due to its germicidal influence. He had also used it in several cases of dacryocystitis, where the usually applied remedies had failed. Its presence on the conjunctival surface of the eye caused an unpleasant sensation at first, but that soon passed away.

Dr. R. Tilley in discussing the subject said, he had seen the peroxide of hydrogen solution used by Paen, of Paris, as a spray in ovariotomy and also by Landolt in dacryocystitis, but saw no manifest advantage from its use that should entitle it to a position of preference over certain well-known and well-tried remedies among which might be mentioned the permanganate of potassium solution. In order, however, to give the permanganate solution, an equal trial with the peroxide, it is necessary to render it acid, so as to have the advantage of the acid, in the first place in dissolving the oxide of manganese formed and in the second place the advantage of an acid solution for the destruction of numerous bacterial organisms. In observations with the preparation it was necessary to pay particular attention to a circumstance which the author failed to notice, namely the presence of a mineral acid in the preparation sold as solutions of the peroxide of hydrogen, and, following the tendency of the day he was anxious to ascertain to just what factor of the peroxide solution the alleged virtue was attributable. The object of the addition of the acid, sometimes hydrochloric and sometimes sulphuric, is to render the preparation more permanent. The quantity of the acid used is small, but small as it is some definite idea of the quantity and kind should be clearly ascertained by the person using it. The reasons for this need not be mentioned. The best test, which the author also failed to mention is the evolution of gas from the solution by the addition of a crystal of permanganate of potassium.

Dr. Allport had used the preparation in alveolar abscesses and in treating pulpless teeth. On filling the cavity of a tooth or an abscess with the solution effervescence occurs and assists in cleansing the cavity.

Dr. Marshall had treated burrowing abscesses with the solution and realized very satisfactory results. He found it specially useful when for obvious reasons it was very undesirable to permit an external opening for the pus. By injecting a solution of the peroxide freely into such cavities the relief was much more rapid and satisfactory than he had obtained by other agents.

Dr. Newkirk had used it in cases which were not blind abscesses and was pleased with its action. He found it however difficult to obtain and keep a reliable article.

Dr. Bettmann corroborated the latter statement. He felt sure that the effect on the pus was due to the liberation of oxygen when it came in contact with the pus and its associated products.

Dr. P. A. Connell exhibited a pathological specimen obtained from a case of "missed abortion." Patient was 26 years of age, and had a child two years old. Three months after the last confinement the catamenia reappeared and continued regular. Three months after the cessation of the catamenia, she fell, striking heavily on her hands and knees. A slight sanguineous vaginal discharge occurred and lasted a few hours. After this an almost constant aching was experienced in the pelvic region and a sensation of the left limb going to sleep. She could not lie on the left side.

Careful palpation of the hypogastrium gave no evidence of uterine enlargement. The left inguinal regionwas tender ondeep pressure. On vaginal examination the finger met the uterus fully an inch lower than normal with the os and cervical canal so patent as readily to admit the index finger. The anterior segment of the cervix was thickened. On bimanual examination the uterus was found a little enlarged, but not sensitive. The sound penetrated to the depth of 2½ inches and inclined to the left. There was no hyperesthesia of the vagina, although its mucous mem-

brane was congested. The cervix was congested and readily and freely bled. After the exhibition of ergot and strychnia the contractions of the uterus expelled the mass here exhibited. It had doubtless lain in the uterus three months. The pathological specimen exhibited twin embryos.

During the period which intervened between the accident and the expulsion of the exhibited specimen the patient had suffered frequently from chills and general malaise associated with an itching of the skin. The pain in the left lower extremity was probably due to the dead weight of the uterus on the sacral plexus.

CLINICAL LECTURE.

A CASE OF FIBROUS PLEURISY.

BY WILLIAM H. DRAPER, M. D.
Prof. of Clinical Medicine at the College of Physicians and Surgeons, N. Y.

A Clinical Lecture Delivered at the New York Hospital.

REPORTED FOR THE REVIEW.

History: Male, aet. 37; native of Germany, Gives no rheumatic or pulmonary history. Denies gonorrhea and syphilis. Never drinks to excess. Patient had a moderate attack of fever and ague nine years ago which disappeared under treatment and never returned. Has never been serioulsly ill until 1879. At this time had an attack of pleurisy on the left side which lasted for a long time. His physician aspirated 72 ounces of fluid at one time. He made a fair recovery since this trouble. Has frequently had a dry hacking cough. This would last two or three weeks and then disappear only to return. Of late he had scanty mucoid expectoration. Three weeks ago he began to suffer greatly from shortness of breath; the dyspnea has increased since last two days. At this time patient had considerable diarrhea; bowels moved irregularly. During the past four days his feet and legs have become edematous; eyelids puffy; no special pains in the lumbar region. On admission pulse 112, respiration 40, temperature 100.2°. Urine amber; acid; sp. gr. 1016; contains very slight trace of albumen; no casts, but some muco-pus.

The point in the subjective history, gentlemen, especially worthy of consideration in connection with this man's present condition is the attack of pleurisy which he had more than two years ago. It was evidently an acute attack of pleurisy accompanied by effusion which was relieved by aspiration. After this relief he made a good recovery; but his history since that time is one of many patients who have acute attacks of pleurisy.

He did not get entirely well; it is evident from the fact which he states that he had ever since that time,repeated attacks of cough with more or less difficult breathing, that the recovery took place only partially; and that the lung, which was oppressed and the pleura which was inflamed at the time never entirely recovered their function. It is evident that ever since that time the lung has been more or less embarrassed in its action and the embarrassment has been increased by any extra exertion, by cold or any circumstance which would congest the lung. Now he dates his illness back three weeks, and yet we find on cross questioning him, that this attack was not accompanied by chill or by any very striking symptom. He simply noticed that he became unusually short of breath, and we find on cross examination that this symptom has been coming on gradually.

He has for several months noticed that he could not make exertion as before. Then we observe further that since this attack, which he dates back three weeks, he has had new symptoms which show that the pulmonary circulation was sufficiently embarassed to cause some obstruction in the return venous circulation; for he tells us that he has had swelling of the feet, legs and face, a symptom which he never had before.

From the subjective history then we go directly to the chest, for the objective signs which will explain the subjective symptoms. On inspecting the chest you see a macular eruption called pityriasis versicolor, which in olden times was regarded as a constitutional disease. Not many years ago it was found to be a local affection due to a parasitic plant, called epiphyton microsporon, which thrives upon the epidermis. It is evident the breathing on the left side is much embarrassed, that there is flattening under the left clavicle, that he uses the diaphragm and abdominal muscles very freely. He calls into play the accessory muscles of the neck and shoulders. On placing my hands over the sides of the chest the increased movement upon the right side over that of the left is very marked. The same thing is noted when I place my hands on the shoulder and cover the clavicles and spaces below the clavicles. The left shoulder is also somewhat lower than the right. The vocal resonance of the right side is very marked, not very distinct upon the left, better in the upper part of both

chests in front. The apex beat is not much out of place. There is comparative loss of resonance upon the left side, but the difference between pulmonary dullness and the dullness over the precordial region is still sufficiently distinct to make it clear. There is a difference in resonance in the axillary region. It is evident that in this space we still have pulmonary tissue in which we shall probably get respiratory murmurs. Below that it is dull and the respiratory sound is plainer. When we inspect the back the same compaction exists here which we observe in front. You observe flattening of the walls of the chest below the scapula and towards the axillary line. This is a very characteristic deformity. It sharpens the back of the chest towards the axillary line. Observe the difference between the curve of the left chest and the curve of the right. There is dullness in the supra-spinal fossa upon the right side as upon the left. There is a diminished resonance over the whole of the chest behind. It is not a full clear resonance such as would indicate the expanded lung, still in comparison with the left side you observe that it is resonant.

I also appreciated a sense of resistance in percussing the lower part of the left chest, which I do not get in the upper part. This is a point in percussion of the chest, and elsewhere which is worthy of note. When you are percussing a perfectly healthy chest you will observe along with the resonance a sense of elasticity in the percussion which is very distinct. Here in this chest I lose that sense of elasticity. Still it is evident that for some reason the lower half of this chest is solidified. It is evident also that upon the right side from the loss of natural resonance there is some cause to explain this loss of resonance. This we shall discover probably by auscultation. You get the breath sound under the clavicle and then you lose it at the point of dullness about 3″ down. In addition to this absence of respiratory murmur we have to note the modification of respiratory murmur at the point heard. You hear moist râles both in inspiration and expiration. They sound like moist mucous râles. But moist mucous râles are sometimes extra-pulmonary, i. e., not always produced in the bronchial tubes. The theory of a mucous râle is that it shall be produced in the bronchial canals, by the admixture of air with mucus in inflammatory conditions, that may exist in distended bronchial canals or excavations, and the size and quality of these mucous râles depend upon the amount, quality of mucus and the size of the cavity in which they are produced. While this is all very satisfactory theoretically, the fact is, that sometimes, when you think you have an excavation because you have very loud resonance and soft crackling râles, it turns out that you have no excavation at all, but that these sounds are produced outside of the lung altogether and are in reality friction sounds.

Now I do not think that it is always possible to tell whether the so-called mucous soft râles are râles that are produced in the way that I have described, or whether they are in reality dry friction râles. I am inclined to suspect here, however, that they are extra, pulmonary from the fact that the man gives a history of pleurisy and from the fact that his history since this attack of pleurisy would seem to indicate that this lung has become more and more embarrassed in its action in consequence of the changes that have taken place in the pleuritic exudations. On placing my ear over the chest I find on the right side an exaggerated puerile respiration very common in the sound lung in a patient who has been the victim in the other lung of pleurisy. Nature compensates by the increased functionary power of the left lung, for the loss of power in the diseased lung, and as a consequence of that increased function of the left lung you get an exaggerated respiratory murmur sometimes called "puerile respiration," for in children it has a peculiar quality which is characteristic. This is an exact imitation of the respiration in a young child five or six years of age, where the walls of the chest are thin and elastic. Here I get that exaggerated puerile respiration over a space of 3″. Below that, I get a modification of respiratiory murmur again. This puerile character is lost and the respiration, though present is feeble, distant and entirely unlike the respiration above. It is evident that for some reason or other the expansion of the lungs at this point is embarrassed. The voice sounds correspond with the respiratory sounds. They are quite distinct above on the right side and are lost below. I get a feeble respiration on the left side behind as low down as within an inch of the inferior angle of scapula. Below that I get no distinct respiration but a very distant bronchial breathing on the right side. Above I get some exaggerated respiratory murmur until I get below the inferior angle of the scapula, when I lose the respiratory murmur. On both sides below in the lower half of the chest I get absence of respiratory murmur on the right side, absence of voice on the left side, a bronchial voice and a distant bronchial res-

piration. These are the physical signs. Both sides of the chest have been punctured with needles of different sizes and fluid has not been obtained. That tapping the chest and getting fluid is a crucial test, is not strictly true. For in the very case to which I called your attention, it was found that the pleuritic effusion was contained in the meshes of a fibrous exudation. It was so to speak an edematous condition of fibrous exudations that were abundant and that compressed the lung and contained in this trabecular tissue, the fluid, so that where the fluid is in this condition in the meshes of a fibrous matrix and where it is in the form of a gelatinous condition, you may fail to get the evidence of fluid by the puncture of the needle and it is perhaps as well, for fluid that is in this condition is not likely to be withdrawn to any very considerable extent by aspiration. And, as I said before, acu-puncture is not an absolutely safe and sure test for presence of fluid. And in this instance both chests have been punctured, and although I should expect some fluid in the right chest, the house physician did not find any. It would seem then that this embarrassment in the breathing is due to condensation of the lungs, probably pleuritic exudation. It is very certain that this is the cause of the embarrassment of the pulmonary function upon the left side from the deformity which we have in the chest as a consequence of the attack which occurred two years ago; and it is altogether likely that on the right side we have an embarassment from the same cause dne to a more recent pleuritic disease. He has not had any pain on the right side, nor acute symptoms which would mark the beginning of a pleuritic inflammation, but still we have the evidence there of a pleuritic disease. We have loss of respiratory murmur in the lower part of the chest, loss of vocal resonance and dullness on percussion. If these were due to a pneumonia, we certainly should have more necessarily, if anything, than in an attack of acute pleurisy, a history of acute symptoms. We have none, however; his expectoration is a bronchial one, there is no color and nothing characteristic of pneumonia in the sputum. It is said to be simply a bronchitis, and a bronchial catarrh of more or less severity is almost invariably the accompaniment of a chronic pleurisy. The heart sounds are normal. With a stethoscope I hear ———— on the right side both in front and below the line of resonance ————, pleuritic friction sounds so that in all probability the pathological condition which we have here is a fibrous pleurisy with very considerable thickening and consequent compression of the pulmonary tissue. This on the right side is more especially prominent in the lower part of the chest, and upon the left side along with the contraction and condensation of the lung from the pleuritic exudation, we have the increase of compression which is due to the retraction of the walls of the chest. The house physician could feel the needle passing through a very thick layer of fibrous exudation. What is the explanation of the attack with which this man came into the hospital? He came into the hospital yesterday so distressed that he was very pale. He was put to bed immediately and active meas ures were resorted to at once for his relief. What was the cause of this condition? What has been the cause of the dyspnea, which has been continuously increasing during the past six months? There is an embarrassment in the function of the lung caused by the continual compression which was being exercised by the contracting exudation and the contracting walls of the chest on the right side, so that the functional power of both lungs was very much diminished. What happened under these circumstances? Under the circumstance of diminished circulation which takes place, the right side of the heart becomes distended and systemic dropsy is inevitable.

These symptoms this man has already begun to suffer from. If he were to try to keep about to perform his duties, to exert himself, he would pretty certainly become dropsical. He had already begun to be dropsical in consequence of interference with pulmonary circulation. Such is the rationale of the symptoms which he has described and for which he came into the hospital.

These cases are very common. For this man all the physic in the pharmacopeia, without rest, will be of no avail. Rest in the recumbent position or in any other position in which he finds relief, probably a position in which the shoulders are slightly elevated, giving him a better chance for his abdominal breathing and to use all the accessory muscles of respiration, is of prime importance. You must treat him for the condition in which you find him. On admission, pulse 108, extremities cold, face pale. This indicated interference with the circulation. That was the cause of his distress. The heart was incompetent to drive the blood through the lungs and through the general circulation, therefore he was collapsed. The right side was distended and the left side of the heart was empty. He had lost power and was falling into a state of collapse.

I would stimulate the heart, would give him alcoholic stimulants, morphine, and that special heart stimulant, digitalis. He also got dry cupping. Under this treatment the man was quite comfortable in the course of an hour or two. Having stopped this paroxysm you are now prepared to treat this matter. It is not likely if you keep him in bed, and free from all emotional causes of excitement and from all fatigue, that there will be any trouble from acute paroxysms.

Of course you have to keep him free from everything which might disturb his circulation, and this involves taking great pains in bleeding him, in withdrawing every source of irritation from him, in withholding any cause of excitement, and it is your function as physicians to look to all these things and to prescribe the food and the manner of life while your patient is in bed. He must not be annoyed, fretted or pestered in any possible way, and these are points in which your exact directions are shown to be necessary.

The function of the doctor is a very much wider and more important one than it often seems to be, because it involves a consideration of a very great variety of circumstances and conditions, in short a great deal more than the prescribing of medicine.

Having done all this, having protected him from the recurrence of these distresses of difficulty in breathing by keeping him in bed, and free from every possible source of irritation, we have time to consider the treatment of the malady which has brought about this state of things. You must consider the limits of the power of medicine. How much can you do towards restoring this man? We may possibly get rid of the fluid but we cannot restore the fibrous exudations. You may possibly by carefully exercising the chest and by regulating the life of the patient, check the progress or the process of contraction, but you are not going to restore the lungs to anything like a healthy condition. You are not going to cure them. You may accomplish something in the removal of the fluid exudation by the application of counter-irritants and by the administration of diuretics and by the improvement in the process of absorption which you can bring about by improving the nutrition. You will find that in cases of this sort where the trouble has existed for a considerable time and the patient has neglected himself that the gravest of his symptoms comes very often from a poor condition of his general nutrition. When it gets poor, then the pulmonary embarrassment is very much more markedly felt. Patients in this condition should be well fed. Their hearts should be kept in as sound and vigorous a condition as possible. Hence you will find oftentimes that these patients will thrive on the simple rules that they get in the hospitals by putting them upon a regular systematic diet. This is oftentimes a more efficient means of bringing about the absorption of fluid, than the administration of diuretics and diaphoretics and means resorted to for pumping exudations out of the body.

Patients will get rid of fluid in the chest more rapidly under the administration of ferruginous tonics, cod liver oil and wholesome diet than with a pound of the iodide of potassium, digitalis and infusions of different diuretic medicines. This is especially the case in children with pleuritic effusion. The effective means of restoring them to health and promote the absorption of the fluid is to give them cod liver oil and iron tonics, with enough of the diuretics, besides the special means of withdrawing fluid by aspiration.

CORRESPONDENCE.

LONDON LETTER.

Editors Review: Though the new year is so young, yet we have already lost one good man and true. Evan Buchanan Baxter, who died a few days ago of tubercular phthisis after a long and painful illness, was certainly one of the best men King's College has ever turned out. He was perhaps not nearly so well known to the general public as many who were vastly his inferiors, but this was owing to his intense hatred of anything approaching advertisement. Born in Russia, he spent the earlier years of his life there, and was in consequence an excellent linguist, which served him in good stead in after life. He was for several years assistant physician and professor of Materia Medica at King's College, and only resigned these offices just before Christmas. He was also for a long time connected with the Skin Hospital at Blackfriars, and with the Evelina Hospital for Children. The latter hospital he quitted about three years ago to take the post of Physician at the Royal Free Hospital, soon after the Women's School of Medicine had been established there, and he was the first physician in London to give clinical instruction in medicine to women. He sympathized much with the movement, and it is generally considered that his work in connection therewith had much to do with the onset of his malady.

The great debate on Charcot's joint disease at the Clinical Society has now become a matter of

history, and I am not at all sure that we are any of us the wiser for it. Those who held that the new disease was nothing but our old friend chronic rheumatic arthritis after all, have expressed themselves to that effect, and those who believed in the existence of the new disease have also had the opportunity of giving vent to their feelings, and the general opinion is that we remain much in the same position as we were before. I ought, however, to mention, the debate was the means of bringing together the largest number of cases ever collected of the disease, as no less than ninety patients or specimens were exhibited at the different meetings, and a committee has been appointed to examine and report upon these cases, and their report will be printed in the next volume of the Transactions of the Society along with a verbatim report of the discussion.

At the only meeting of the society which has been held since the termination of the debate, Sir Andrew Clarke retired from the office of President and Mr. Bryant of Guy's was elected in his place. Sir Andrew has deserved well of his brethren, for during his two year's reign he has never missed a meeting, and considering that he is certainly one of the busiest consultants in London that must mean a good deal of personal inconvenience to himself disregarded. The Pathological Society, too, have just changed their president, and Dr. Bristowe of St. Thomas's succeeds Mr. Hulke. I may add that it is one of the unwritten laws of these societies that the president shall be chosen alternately from the physicians and surgeons.

A medico-legal case of no little importance has been agitating not only the profesional but the public mind during the last few weeks. Very briefly the essential facts were these: The deceased, a man aged 65, was found late one evening in his bedroom, dead, with four bullet wounds in his body. He was lying on his face with his left arm stretched out and his right doubled beneath his body; there was a revolver by his side, five of the chambers of which had recently been discharged. This was about 11 P. M.; a friend had left him an hour before in good health and spirits. No one lived in the house but the deceased and his wife, and no one else was in the house at the time of his death. It was evident, therefore, that this was a case of murder or suicide. As they had been married for thirty-seven years it would be reasonable to suppose prima facie that the case was not one of murder. A careful examination of the wounds, however, satisfied the medical men and the judge and jury, that death had not been self-inflicted. The woman made various conflicting statements about what had happened, but these could have been doubtless reconciled, if any rational theory could have been propounded to explain one of the wounds on the hypothesis of suicide. Three of the wounds might have been self-inflicted, but the fourth it was contended by the prosecution, could not have been; it was at the back of his left shoulder on a level with the first dorsal vertebra and three inches from the spine; the skin around it was blackened and the probe passed in forwards and slightly upwards; the bullet was found just beneath the skin in the neck. It was impossible, as Mr. Bowlby pointed out, that this wound should have been given whilst the man was holding the pistol in either hand, and as the revolver was not self-cocking, it could not go off by accident until recocked. The fact that the deceased was found lying on his face was irreconcilable with the suggestion that he had fallen on the pistol and it had gone off accidentally. Then there was the additional improbability that a man would miss himself altogether, for one bullet had been fired, which had not touched the deceased. The woman was convicted of murder, and her conviction is approved by the immense majority of common-sense people. I may add that a plaster cast was brought into court and the exact position and the direction of the several wounds was demonstrated to the jury.

For some time past an agitation has been going on to provide a real teaching university for London. It may seem to strangers that this can hardly be necessary when there is the University of London already existing, but the University of London is a university only in name; it is in reality nothing more than an examining body, and if the present agitation should result in remedying this anomaly it will have done a good service. It is perfectly ridiculous that the vast majority of our students should have to go forth to practice without a degree, when men on the other side of the border at a much less cost and certainly with less experience are sent out into the world with their MB. CM. I shall return to this subject again.

R. M.

THE METRIC SYSTEM IN MEDICINE.

St. Louis City Hospital, Feb. 10, 1885.

Editors Review: In the first editorial of the Review of January 31, I notice a regret expressed that prescription bottles containing some multiple, or submultiple of ten cubic centimetres "are not made in this country, or, at any rate, are not found in drug stores." I wish to say that these bottles have been made for some years by Fox, of Philadelphia, and that I have used them exclusively in this hospital for six

years, where, also, the metric system is exclusively used. I procure 5, 10, 25, 50, 100, 200, 500, 1000, and 2000 C. C. bottles. Our hypodermatic syringes hold 1.5 C. C., and are graduated to tenths. One C. C. is a very convenient basis for hypodermatic injections. A 5-C. C. bottle holds five such injections, enough for many cases. One-sixth of a grain (1-6 of .06 grm.) or one centigram (.01 grm), is also a good dose basis of sulphate of morphine, for instance. Then our prescription:

Aq. destill., - - - - - - 5 C.C.
Morphinæ Sulph., - - - - ·05 grms.
M. S. 1 C. C.. Hypodermatically.

is very simple, each dose containing ·01 gram i. e. 1 centigram; it may be lessened or increased by tenths of a C. C., also of .01 grm. of the salt, to one's wish, while the needle is yet under the skin. If a stronger solution is wished it may be 5 C. C. of water and .10 grms., (ten centigrms) of the salt, each C. C. containing .02 grm. or 2 centigrams. So, the sixtieth of a grain of sulphate of atropine (1-60 of .06 grm.) equals about .001 grm. (one-milligram). Aq. dest., 5 C.C. Atropinæ sulph., ·005 grms. M. S. 1 C. C., hypodermatically equal to .001 grm of the salt. If more injections are desirable a ten C.C. bottle may be used. A 25-C.C. bottle will hold five 5-C. C. doses, or five teaspoonful doses, and, if morphine be used, .05 grms· would give .01 grm. (1 centigram) at a dose. A 50-C. C. bottle will give ten such doses, a 100-C. C. bottle twenty such doses, or ten 10 C. C. doses, that is, ten dessertspoonful doses; a 200-C. C. bottle, forty-five-C. C. doses, twenty 10-C. C. doses and ten 20-C. C. or tablespoonful doses. The 500, 1000 and 2000-C. C. bottles are convenient for per cent and per thousand solutions.

Every dose of medicine administered and every application made at this hospital, with nearly 7,000 patients a year, is prescribed on our prescription books. Besides making many of the pharmacopœial preparations, one druggist w th an apprentice, puts up all these prescriptions. It would be a difficult thing to do with the apothecaries' weights and measures.

If, in these times, any druggist is too negligent or indifferent to provide himself with accurate metric weights and measures, to meet metric prescriptions coming to him, even though they be few at first, it is probable that he is as negligent and indifferent with reference to his med cines and preparations, and that he is behind the revised pharmacopœia—now so large y metric—by which standard, his medicines should be judged. In my own practice, I say to my patients, "This prescription is written metrically; if you have any trouble in getting it filled, take it to a druggist that understands his business!" and they do it too.

D. V. Dean.

ITEMS.

—A sanitary convention, under the auspices of the State Board of Health, is to take place at Lansing, Mich., on March 19 and 20, 1885. The hygienic consideration of Lansing, is to play an important role in the questions to be considered.

—Deep snoring, and an insensitive conjunctiva, are good signs of insensibility, but the most trustworthy one of all, subsultus tendinum of the fingers.

—During 1883, the six faculties of medicine in France conferred 662 diplomas of doctor of medicine, viz., Lille 20, Nancy 21, Lyons 43, Bordeaux 44, Montpelier 69, and Paris 465. During the same year 692 diplomas of medicine were conferred in Germany.

—Making a patient keep his eyes closed while recovering from the ether is a great aid in preventing illness; for, owing to the patient feeling giddy, any object at which he looks appears to sway from side to side; and this, by itself, is sometimes enough to produce a feeling akin to sea-sickness, even in those who have not been anesthetized.

—If we wish to avoid sickness after anesthetics, it is of the utmost importance that the patient should not be shaken when being lifted from the operating table to the bed; and if the operation have been performed on the bed, then the bedstead should be allowed to remain without being moved in the least for four hours, as the slightest movement is sometimes enough to start the vomiting.

—According to Prof. Tillaux there is danger in being in too great a hurry in repeating injections of iodine in hydrocele. Only after six weeks or two months can the result of an injection be judged. Hematocele may result from too frequent injection into the tunica vaginalis and thus the testicle is much endangered.

—According to the Med. Herald, Dr. Thompson has found the injection of hot water into the nostrils efficacious in arresting epistaxis. The use of hot water as a hemostatic in other cavities of the body is well known, and it would seem that it is benficial in hemorrhage from the nose also.

—The Treatment of Phimosis Without Cutting Operation.–Recently a child, aged 18 months, with a tight phimosis, was placed under ether; I then inserted within the prepuce the end of a pair of dressing forceps, expanded the blades, and with great ease retracted the prepuce behind the glans. The facility and rapidity with which this is done

(the whole process being almost momentary) and the satisfactory results, lead me to doubt whether it is justifiable to submit any infant to the risk, however slight, attending circumcision (to say nothing of other objections), and in the case of adults (for whom Mr. Richmond's ingenious instrument appears specially intended) it seems to me highly probable that a similar proceeding could be well borne without anesthetics, and that it would be preferred by the patient to a tedious gradual dilatation.—Herbert L. Snow, in British Med. Jour.

—Epistaxis—How to Check It.—Dr. Henry Perdue, of Barnesville, Ga., plugs the bleeding nose with pieces of fat bacon, applied the whole length of the nares. He secures the plugs by pieces of string, and, if necessary, prevents them from falling out by a strip of adhesive plaster over the orifices of the nose. He gives particulars of three cases in which this method of treatment proved most successful when the ordinary plan of plugging and other methods had proved useless. These cases are only samples of others. He has yet to record a failure.—Med. Press.

—Tannin in Carbuncle.—Dr. R. H. Johnson has found tannin a specific for carbuncle. The dry powder is sprinkled on the carbuncles as long as it will dissolve. Twenty-four hours after it is washed off with castile soap and the sprinkling with tannin recommenced. The carbuncle soon heals up, he claims, without much pain. —Physician and Surgeon.

—Progrès Médical gives the following statistics relative to vaccination and infant-mortality from small-pox in Bavaria, where vaccination is compulsory and in Holland where it is not.

Of 100,000 children there die of small-pox:

Age.	Holland.	Bavaria.
0—1 year, - - - -	767.5	232.4
1—5 years, - - -	455	10.2
5—10 years, - - -	145	3.3

—We learn that either Prof. Recklinghausen, of Strassburg, or Prof. Ziegler, of Erlangen, or Dr. Birch-Hirschfeld, of Dresden, are to succeed the late Prof. Cohnheim in the chair of pathological anatomy at Leipzig. We doubt if Recklinghausen would accept.

—Professor Trastor, of Nantes, employs the vapor of glycerine with great advantage when a cough becomes distressing or fatiguing. Fifty or sixty grammes are placed in a porcelain capsule and evaporated over a spirit lamp. An enormous amount of vapor is disengaged. In phthisis and various other affections much relief is gained in this way.—Revue Médicale.

—The Societe Médical des Hôpiteaux, of Paris, has appointed a commission, of which M. Villemin is president, to ascertain the opinion of the physicians of France with reference to the transmissibility of phthisis from those affected with it, or by means of the milk or meat of cattle. Personal transmission is declared to be no longer questioned, but the conditions "exceptional without doubt," under which this takes place, have yet to be investigated.

—It is announced that the last link in the chain of evidence with reference to the causative relationship of the comma bacillus to cholera has been supplied, Nicati and Rietsch, of Marseilles, and also later, Koch himself having transmitted the disease by introducing cultures of the bacillus into the rectum.

—L'Union Médicale contains the following formula for an "anti-traumatic" wash:

Sulphate of cinchonine, - - -	1.0 gram.
Sulphate of alum and potash, - -	2.0 "
Tincture of opium, - - - -	5.0 "
Tincture of benzoe, - - - -	20.0 "
Distilled water, - - - - -	200.0 "

This solution is recommended for washing and dressing wounds. Disinfectant, healing and soothing qualities are claimed for it. The application is by saturated compresses or pledgets of linen.

—Washing Out the Stomach of the New-Born.—Mr. Epstein advocates in cases of catarrh of the stomach of the new-born to wash out that viscus using a soft rubber tube with the necessary appliances to constitute a syphon action. He says the only contra-indication is the existence of pulmonary difficulty. We can easily conceive that the operation could be performed without much difficulty, but a definile conviction of its necessity in the mind of a justly conservative physician would not be so readily effected. It would almost seem that if the poor little one has in the judgment of the physician to begin life by submitting to the washing out of the stomach that the chance of advantage would not exceed the possibility of a mistaken judgment.

—London Lectures. Dr. Osler of Philadelphia, will deliver the Gulstonian Lectures for 1885 at the College of Physicians. Dr. Herman Weber will deliver the Croonian and Sir Andrew Clarke the Lumelian lectures.

—Dr. J. Nevins Hyde has retired from the editorship of the Chicago Medical Journal and Examiner. The issue of January 1, 1885 appears under the joint editorship of Drs. W. W. Jaggard and Harold N. Moyer.

—We note in recent exchanges four fresh cases of chloroform poisoning. Why won't you use ether?—Can. Med. and Surg. Jour.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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TREPHINING IN MASTOID AND TYMPANIC DISEASE.—Dr. W- J. Wheeler, (Dublin Jour. o. Med. Sc.), at the conclusion of an article on this subject says:

Of the 35 cases in which the trephine was used, 4 terminated fatally, while the result in the other cases has not been reported; in the total number of cases, the results of which are differently specified, 17 per cent were fatal, and 21 per cent successful. Buck has collected 37 cases of suppurative inflammation in which the cases were left to nature (expectant treatment); 34 were fatal. It will be readily seen from the foregoing that the operation of trephining for mastoid disease is a fairly successful one, and, on the other hand, that, from the expectant treatment in suppurative inflammation there is little to look forward to but a fatal result. That the operation should be practiced early is a self-evident fact; it is useless when pyemia, meningitis, or phlebitis of the sinuses has appeared, although the first cerebral manifestations should not intimidate the surgeon from operating, and I doubt not but that good service will be done toward the patient by his attendant who advises operation even where no bone disease existed, but when the discharge from the tympanum has lasted for a lengthened period, and has not yielded to other treatment, such as syringing and enlarging the opening of the membrana tympani if necessary. Setons and issues I believe to be of little use, for although only the mucous membrane may be engaged, yet we know that a blow on the mastoid process, a severe cold, a depressing illness, may cause disease to advance to the bone, pyemia may ensue or death by general cerebral irritation, without the formation of abscess.

A well-accomplished operation will always give free vent to pus when existing, and prevent it passing to the brain through some of the numerous channels I have recorded, and will thus save the patient. I must deprecate the operation recomended by Dr. Bagroff—namely, the use of the gouge and galvanocautery, over the mastoid process; such procedure, as it appears to me, would be likely to set up irritation and inflammation. Unless, indeed, the suppuration is comparatively superficial, or discharging through a fistulous opening, I would not select to operate over the mastoid process; there one cannot remove the entire portion of the bone, on accouut of the proximity of the lateral sinus, and so cannot expose the dura mater, to do which I hold is very essential.

The site I would always select for operation, with the exceptions as above named, would be such as to place the lower border of the trephine on a level with the external auditory meatus, and anterior to a line dividing vertically the mastoid process. By adopting this course there will be no danger of wounding the lateral sinus, the tympanum and mastoid cells will be opened, giving full exit for discharge, the dura mater will be exposed, and should pus exist between it and the cranium, there will be ample freedom for its escape.

ALBUMINURIA AFTER CHLOROFORM.—The Medical and Surgical Reporter notes that M. Ferrier, one of the surgeons attached to the Bichat Hospital, and M. Patein, its resident chemist, have made a series of researches to discover the condition of urine after administering chloroform, followed by surgical operations. In six cases out of nine, albumen was present in the urine. The presence of albumen in urine has apparently a closer connection

with the anesthestic condition than with its duration. In some cases chloroform was administered during 20,45,and 55 minutes without the slightest trace of albumen being found in in the urine. The result of these researches indicates that there are are certain pathogenic conditions connected with the appearance of albumen in urine which have not yet been elucidated. M. Bouchard's interesting experiments taught that albuminuria may be provoked by lesions of the peripheral nervous system, also from inhaling chloroform, even in small doses.

Hydrochlorate of Cocaine in Pruritus Ani.— A Correspondent of the British Medical Journal writes: Nearly four weeks since I was consulted by a middle-aged gentleman of very careworn appearance, who had for years suffered from this complaint. From the first, a good night's rest had been a thing quite unknown to him, his sleep having consisted of snatches of an hour or so at a time, out of which brief respites the intense irritation and pricking in the anus would cause him to start, and to lie awake for hours in a state of the keenest misery.

Finding, on examination, nothing beyond a slight thickening of the skin-folds from scratching to account for the disease, I ordered a twenty per cent solution of hydrochlorate of cocaine with five per cent of glycerine, to be applied in the following manner. Lying on his back, the patient was to force and extrude as much mucous membrane as possible, and this part, as well as the skin surrounding the anus over a surface of about one inch and a half radius, was first to be thoroughly washed with warm water, and afterwards painted with the solution three times at intervals of ten minutes, the part being allowed to dry somewhat after the third application before moving from the recumbent position. As the result of this treatment, the patient slept quietly for seven hours.

This method had been persevered with night and morning for more than a week, without any return of the distressing symptom, when circumstances occurred which caused the remedy to be neglected for two days, whereupon the irritation recommenced with its former severity. The treatment was then resumed, and relief was once more obtained, and a continuance of the process during the last fortnight has produced the most satisfactory results.

It is too soon yet to speak of cure, as, of course, the mischief may return on discontinuing the treatment; but, at any rate, the freedom from torture is daily giving the patient strength to meet such an eventuality Meanwhile, and without accepting the patient's extravagant estimate of the remedy, it may fairly be put on record that, in one case of a malady usually most difficult to relieve, signal benfit has attended the use of this new and valuable local anesthetic.

Coca in South America.—The Medical World quotes the British Medical Journal in the following extract from "The Tropical World,' by Dr. G. Hartwig:

"The sultry valleys on the eastern slopes of the Peruv an and Bolivian Andes are the seat of Erythroxylon coca, which, like the coffee-tree, bears a lustrous green foliage, and white blossoms, ripening into small scarlet berries. The leaves, when brittle enough to break on being bent, are stripped from the plant, dried in the sun, and closely packed into sacks. The naked shrub soon gets covered with new foliage, and after three or four months, its leaves are ready for a secend plucking, though in some of the higher mountain-valleys it can only be stripped once a year. Like the coffee-tree, the cocoa-shrub thrives only in a damp situaation, under shelter from the sun; and, for this reason, maize, which rapidly shoots up, is generally sown between the rows of the young plants.

"The local consumption of coca is immense, as the Peruvian Indian reckons its habitual use among the prime necessities of life, and is never seen without a leathern pouch filled with a provision of the leaves,

and containing, besides, a small box of powdered unslacked lime.

"At least three times a day he rests from his work to chew his indispensable coca. Carefully taking a few leaves out of his bag, and removing their tendrils, he first masticates them in the shape of a small ball, which is called an acullico; then repeatedly inserting a thin piece of moistened wood, like a tooth-pick, into the box of unslacked lime, he introduces the powder which remains attached to it into the acullico, until the latter has acquired the requisite flavor.

The saliva, which is abundantly secreted whilst chewing the pungent mixture, is mostly swallowed along with the green juice of the plant. * * * The taste of coca is slightly bitter and aromatic, like that of bad green tea, but the additon of lime, or of the sharp ashes of quinoa, renders it less disagreeable to the European palate.

It is a remarkable fact that the Indians, who regularly use coca, require but little food, and, when the dose is augmented, are able to undergo the greatest fatigues almost without anything else. Professor Poeppig ascribes this astonishing increase of endurance to a momentary excitement, which must necessarily be succeeded by a corresponding collapse, and, therefore, considers the use of coca absolutely hurtful. Tschudi, however, is of opinion that its moderate consumption, far from being injurious, is, on the contrary, extremely wholesome, and cites the examples of several Indians who, never allowing a day to pass without chewing their coca, attained the truly patriarchal age of one hundred and thirty years. The ordinary food of these people consists almost exclusively of roasted maize or barley, which is eaten dry without any other addition; and the obstinate obstructions caused by these mealy aliments are obviated by the tonic effects of coca, which thus removes the cause of many maladies.

Tschudi often found the coca the best preservation against the asthmatic symptoms (it might be found useful in spasmodic asthma) which are produced by the rapid ascension of high mountains. While hunting in the Puna, 14,000 feet above the level of the sea, he always drank a strong infusion of coca before starting, and was thus able to climb among the rocks, and to pursue his game, without any greater difficlty of breathing than would have been the case upon the coast.

So far for its use; the consequences of its abuse he gives as follows:

The confirmed coca chewer, or coqueso, is known at once by his uncertain step, his sallow complexion; his hollow, lack-lustre, black rimmed eyes, deeply sunk in the head; his trembling lips, his incoherent speech, and his stolid apathy. His charcter is irresolute, suspicious, and false; in the prime of life, he has all the appearances of senility, and, in later years, sinks into complete idiocy. Avoiding the society of man, he seeks the dark forest, or some solitary ruin, and there, for days together, indulges in his pernicious habit. While under the influence of coca, his excited fancy riots in the strongest vissions, now revelling in pictures of ideal beauty, and then haunted by dreadful apparitions. * * * No historical record informs us when the use of coca was introduced, or who first discovered the hidden virtues of its leaves. When Pizzarro destroyed the empire of Atahualpa, he found that it played an important part in the religious rites of the Incas."

Cholera Treatment—Surgeon F. E. McFarland thus writes (Dublin Jour. of Med. Science, Aug. 1884) his experience with cholera with special reference to the use of permanganate of potassium:

"This is certainly the most successful I have seen. The late Surgeon-Major, W. A. White, R. A., employed it always, and it was from him I learned it. I think he first saw it used in Bulgaria. It has many things to recommend it. In the first place you can carry a small bottle in your waistcoat pocket, sufficient to treat hundreds of cases, and no other medicine is necessary; in the next it is a pleasant remedy. From beginning to end there is

nothing in the treatment to cause apprehension to the patients or add to their sufferings. The plan Dr. White adopted was to give a teaspoonful of a palatable solution of the pure salt every ten minutes regularly, by the watch, until reaction was established, and then give beef tea, etc. I have carefully ascertained that one grain to four ounces of pure or distilled water is the strength of the solution required. The salt must be pure, and the solution must be renewed if it become discolored, as it sometimes does. Condy's Fluid will not do. I was much struck the first time I saw it used. I had been treating a soldier patient with the salt solution from early morning till 9 A. M., and he was sinking fast. Dr. White then relieved me while I went to breakfast, and on my return I found my patient with reaction well established. I saw Dr. White treat several cases with the permanganate, and certainly I have never treated a case in any other way since, and I have had several sporadic cases. I treated one case for six hours before any material sign of improvement took place and after sixty doses reaction became thoroughly established, and the patient made a good recovery. At the same time another man was attacked, and his symptoms were relieved in less than two hours. With the permanganate treatment the patient may drink water freely, or, what I think better still, meal and water, warm. The only thing is not to give the drink just on top of the permanganate, but wait three or four minutes, which the patient will willingly consent to do. I have told many of this treatment. Some object on account of the smallness of the dose. One medical officer to whom I recommended it gave it in ¼ grain doses; and this caused a burning sensation to the patient's throat and added to his sufferings. The dose I mention is the proper dose; if more than a teaspoonful is given it is rejected, like everything else. The first symptom relieved is the sickness, then the thirst, then heat returns, purging and cramps cease, and after some hours the kidneys act. Cholera is terribly fatal with children. I have seen many carried off by it before I knew of the permanganate treatment, and since then I have never had an oportunity of trying it. I think in the case of children it would be a most valuable treatment, if anything would; and I do not see why a young child might not get the same dose as I have named for an adult. The dosology is very difficult in the case of children when the old stereotyped methods of treatment are adopted, and it is very difficult to know what to do for a child, and treatment is very unsatisfactory.

I will now speak of accessory treatment; and first of drinks:—To withhold water from a cholera patient is, I think, the height of cruelty. Except it be to arrest the sickness of the stomach (which it is doubtful if it does) I do not see why ice is so much recommended. The mouth, tongue and breath are cold, as is the surface of the body, and the temperature, as shown by the thermometer, is much below normal. True, patients will munch any amount of ice, or drink any amount of water, but they will drink salt and water with as much avidity, and I have found they will enjoy warm meal and water just as much. It is fluid they want, to supply the loss of water in the blood, and they will take it in any form. I put a good handful or two of oat meal in a can of hot water, and let them drink as much as they like of it, warm.

Sinapisms are useful sometimes over the heart and epigastrium. Hot bottles to the feet, sides, etc., are of great use.

Handrubbing.—This is often done very roughly. As the patient shouts out to rub hard, the cuticle is soon rubbed off the legs, which are most affected with cramps, aud this adds much to the suffering afterward from contact with the bedclothes. The proper way is for the assistant to lubricate the hands well with warm oil, and to knead, press and squeeze the affected parts rather than rub them.

Injections.—I heard of one medical officer who had good success from injecting, per rectum, large quantities of decoction of logwood, warm. I have never tried injections, but I would be inclined to try large quantities

of a dilute solution of permanganate of potash, warm as the patient could comfortably bear, or large quantities of salt and water, with chlorate of potash, well diluted and warm.

Bleeding.—I saw one remarkable recovery after bleeding. One night, during the height of the epidemic in 1862, at Allahabad, two patients were brought to the hospital, as bad almost as they could be. It was before I saw the permanganate treatment. I tried the salt treatment, gave them champagne, put on sinapisms, etc. They rejected everything given by the mouth. I had heard of three cases in gaol of natives who had been treated by venesection and recovered. I opened a vein in the arm of the worst case of the two men, but could only squeeze out a few drops of black blood, like tar. I then opened a vein in the other arm with the same result; the man would not bleed. I left him and was attending to the other case, when some one came to me to say the man was bleeding profusely. I bound up his arms pretty quickly; reaction returned; he turned over on his side and went to sleep, and never had an unfavorable symptom afterwards. As he had other treatment, I will not say positively it was the bleeding that saved him, but, humanly speaking, I believe it was. I tried it in two or three cases afterward, but not sufficiently. I did not give it a fair trial. It was by accident the successful case bled so profusely.

Stimulants.—I believe in the non-stimulant plan of treatment; at the same time, if a patient had a craving for alcoholic stimulants I do not know that I would withhold them; but I have never observed this craving, rather the reverse. If I did give stimulants it would be what the patient was accustomed to. Soldiers, I have noticed, do not appreciate champagne.

These are the few remarks I have to make on the treatment of cholera according to my limited experience, and I give them for what they are worth. There is nothing original in anything I have named; even the meal and water was recommended to me by a Scotch officer not connected with the profession.

Without venturing to recommend it confidently, I incline to the permanganate of potassium treatment; and yet I must make an important admission—namely, that I have never seen it tried at the commencement of an epidemic. I have seen it stated that at the commencement of an epidemic nine-tenths die; in the middle one-half, and at the close nine-tenths recover. If this be true, the permanganate can hardly be more unsuccessful than any other treatment at the commencement of an epidemic. I have seen the permanganate used when an epidemic was pretty near its height, and in several sporadic cases since, and I prefer it to any treatment I have yet seen. Neither would I like to let a patient die without trying venesection. A little blood from the arm might relieve embarrassment, caused by the right side of the heart being unduly loaded, and turn the tide in his favor,and if the patient will not bleed there is no harm done."

Apparent Death.—The Paris correspondent of the Jour. Amer. Med. Association narrates an incident of Dr. Canepa who in the cholera epidemic at Genoa was supposed to be dead. The preliminary funeral ceremonies were performed but when the undertaker took the coffin to the door he was met by the "corpse" with the inquiry why he was left so long without his tea and rum. A consultation is said to have resulted in the hypodermic intravenous injection of salt solution. He died, but we trust the consultants did not refuse their confrere the privilege of his own simple remedy.

Conduction of Physical Signs in Diseases of the Lungs.—Dr. Markham Skerritt read a paper on this subject before the Medical Society of London. He said (Jour. Am. Med. Assn.) that it was universally recognized that the lung tissue acted as conducting medium for physical signs in heart disease, but it was not so fully appreciated that the physical signs of lesions of the lungs themselves might be detected at a distance from their source. It might be stated (1) that physical

signs due to disease of a limited portion of lung were liable to be conducted by the adjacent tissue so as to be recognized at a distance from the site of the lesion, as in front when the disease was at the back, or on the sound lung when one lung only was affected; (2) that it was therefore as important to trace to their origin the physical signs dependent upon lung disease, as it was to follow out those of a cardiac lesion. Instances were adduced of the adoption by a consolidated lung of the signs of pneumothorax derived from the opposite side; the transmission to the sound side of the tubular breathing of pneumonia, the interchange of physical signs between the affected side and the unaffected in pleuritic effusion,the conduction ofthe physical signs of phthisis from one apex to the other, and the conveyance throughout the pulmonary region of sounds having a strictly localized origin. The physical signs most liable to conduction were those of auscultation; and of these, chiefly râles and altered breathing. In the localization of a conducted sign in lung disease the process was the same as in the case of a cardiac lesion. In conduction a physical sign (1) retained its special quality; (2) lost in quantity in proportion to the distance from its source. The readiness with which a physical sign was conducted was also of value as an indication of the state of the transmitting tissue. The subject of the paper was one of considerable importance, as instances had been met with where error had resulted from a want of due appreciation of the facts adduced.

In the discussion which this paper elicited, Dr. Thedore Williams remembered several instances in which it had been difficult to arrive at a correct diagnosis, from physical signs being conducted away from the place at which they originated. Dr. Kingston Fowler said it was very common to find that the physical signs of a cavity at one apex of the lungs were conducted to the opposite apex.

Bicycle Riding and its Effects.—The laity are not very likely to inquire of a physician his opinion before beginning a course of bicycling, but they may be under the obligation of doing so after the exercise has been persisted in for a long time. The question is profitably discussed in the following article from Dr. S. A. K. Strahan and published in the Lancet, Sept. 20, 1884:

"Cycling is doubtless a very healthy and pleasant mode of exercise when used in moderation, but now that tens of thousands of our boys ride bicycles daily,and "get up records" of thousands of miles in the year, it may not be out of place to point out some alarming evils which are likely to arise from this abuse of an otherwise healthy pastime. Some time ago it was pointed out that obscure nervous complaints would probably be developed by the continual jarring—the succession of shocks conveyed to the spinal column in bicycle riding; and this, I believe, has proved correct in many instances, notwithstanding "Arab springs" and "rubber-cushioned" machines. But it is to something much more serious than this that I would now call attention; it is to the amount of pressure brought to bear upon the perineum in growing boys, affecting directly the prostate, the muscles of the bulb, etc., and indirectly the whole generative system.

The bicycle saddle is now reduced to the smallest possible limit. It is just wide enongh at its posterior part to cover the ischial tuberosities,and it tapers off quickly to a long narrow horn in front, upon which the perineum rests. Let us consider the position of the body and limbs when the rider is mounted, and we can then appreciate the amount of body weight which must be thrown into the perineum. In bicycle riding the legs are, when extended, vertical, and the pelvis is flexed upon the thighs or rolled forward. This rolling forward of the pelvis is slight in easy riding, and very marked in fast riding and hill climbing. Now, when the body and pelvis are bent forward, the ischial tuberosities are raised from the saddle, and the whole weight of the body, save what is transmitted to the pedal by the then extending leg, is thrown upon the perineum. It is not much of the body's weight that is con-

veyed to the pedals. In easy riding on the level the weight of the limb from the hip down is sufficient to move the machine, and in hard riding the extra pressure is gained not so much by throwing the body's weight upon the pedals as by pulling upward on the handle-bar, and so further increasing the pressure of the body upon the saddle. But even admitting that the pressure upon the perineum be only a few pounds, I hold that it must be injurious in the extreme, for were the pressure *nil* when riding upon a perfectly plane surface, it must at times be considerable when the machine is ridden over an unequal surface such as afforded by our best country roads. Let those who talk of "the beautiful gliding motion of the bicycle" try to play a game of billiards after a ride of twenty miles, and then explain where all their "shakiness" comes from if their motion has been that of the skater. Now, this pressure on the perineum, whether it be continuous and increased at every jolt, or whether it be made up of jolts alone and be *nil* in the almost imperceptible and irregular intervals, must be injurious, more especially to growing boys. It must cause irritation and congestion of the prostate and surrounding parts, tend to exhaust and atrophy the delicate muscles of the perineum, and also call attention to the organs of generation, and so lead to great increase in masturbation in the timid, to early sexual indulgence in the more venturous, and ultimately to impotence in both.

We all know that among the Tartars horse-riding causes complete impotence in many of their strongest and most daring men, with wasting of the testes, dropping of the beard, and change in the pitch of the voice; and we also know that the introduction of the horse into the western world had quite as much or more to do with the extermination of the red man than had the almost simultaneous introduction of the European. In the Southern tribe of Indians—that is,a horse-riding tribe—it is a marvel to find a squaw with more than two or three children, though they—both men and women—marry young. Impotence is said to be common among them at thirty. The "diseases of the Scythians" and its causes are sufficiently notorious.

If, then, these sad results are the outcome of immoderate equitation, where there are an extensive seat and a stable foot rest, and where the adductor muscles of the thighs are used, what are we to look for, where our boys of ten and upward spend the greater part of their own time riding bicycles, and get over thousands of miles in the year, perched upon a saddle no bigger than the hand, which conveys every jolt of the machine to the body; where the jolts are ten times more numerous than those experienced by the equestrian and, occuring without any approach to rhythm, are conveyed unexpectedly to the person?

Some time ago Dr. B W. Richardson when advocating cycling as a healthy exercise said if I remember rightly, "that what made cycling so healthful an exercise was that in it you enjoyed all the muscular motion experienced in walking with this advantage, that the bodily weight was taken off the feet and legs." This, of course, would be an advantage if the bodily weight were better bestowed than it naturally is upon the feet; but as it is on the bicycle, the transference of weight from the feet to the perineum cannot but be for the worse.

It must be understood that what is said in this article applies particularly to growing boys, who generally straddle the largest machine their length of leg permits, and so greatly increase the liability to perineal pressure. What cycling—for the saddle with the long, upturned horn, is now almost universally used for the tricycle too—will do toward the advance of those prostatic affections which so often render the closing years of life miserable, time alone will tell."

Lancing the Gums.—It has been discovered that John Hunter was favorable to lancing the gums. The following remarks by John Hunter in reference to the effects of dentition have been "dug up" by a Dr. Wm. J. V. Harle:

"Teething is productive of local and con-

stitutional complaints, with local sympathy. The local symptoms are inflammation, heat, and swelling of the gums, and an increased flow of saliva. The constitutional, or general consequential symptoms, are fever and universal convulsion, attended by diarrhea, costiveness, loss of appetite, eruptions on the skin, especially on the face and scalp; cough, shortness of breath, with a kind of convulsed respiration; spasms of particular parts; an increased secretion of urine, and sometimes a diminution of that secretion with a discharge of matter.

He goes on to say: "As far as my experience has taught me to cut the gums down to the teeth appears to be the only method of cure. I have performed this operation above ten times upon the same teeth, where the disease had recurred so often, and every time with absolute removal of the symptoms."

Corrosive Sublimate as an Antiseptic. —In "L'Union Médicale" Auvard states that two cases of fatal poisoning by intra-uterine injection of Van Swietens' solution are positively known, one occurring at Copenhagen under Stadtfeldt, the other in Mannheim reported by Stenger.

We desire to discuss this subject here on account ofthe surgical importance of the matter, although obstetric cases are quoted by Auvard in substantiation of his views. He states that the statistics of the several maternity-hospitals of Paris, notably that presided over by Tarnier, where the sublimate was first used, are a sufficient proof that the agent is the better of all the antiseptics. The fatal cases referred to ought to teach us, not alone that there may be danger in the employment of the solution, but it should stimulate us to study the possible causes of danger and fatality. To this end the following observations of Hofmeier (Am. Jour. of Obst.) and his conclusions seem to be of value.

The cases in question were as follows:

1. Primipara, 25 years; forceps delivery. After delivery injection of a hot solution of the bichloride, 1 to 1.000. During the first days the woman showed signs of general depression, a certain hyperesthesia of the whole body, reduced temperature. On the fifth day the trouble became better, but several abscesses developed in the subcutaneous tissue and retarded the recovery. There was albumen in the urine during all this time.

2. Primipara, 25 years; eclampsia; forceps delivery. After delivery, injection of three litres of hot Van Swieten solution. On the following days, general depression, subnormal temperature, fetid diarrhea. Death ensued. At the autopsy the kidneys were found much changed; the intestinal mucosa was much swollen and there were gangrenous patches in the ileum and rectum. Hofmeier concludes that the condition of the kidneys is an important factor in determining poisoning by corrosive sublimate. In the fatal case of Stadtfeldt the kidneys were very much altered also.

Auvard accepts Hofmeier's conclusion and in support cites the fact that in the administration of most of the toxic agents the condition of the kidneys is all-important. Thus, that nephritis counter-indicates in a measure the use of opium and its derivatives; that their exhibition must be managed with great circumspection.

In 1873, Bouchard published two fatal cases of mercurial poisoning. The one patient had an interstitial, the other a parenchymatous nephritis. Only small doses had been given. Bouchard therefore concludes, that kidney disease may render active agents toxic in doses otherwise scarcely appreciated,

These facts show conclusively that in the administration of medicine, and especially of so deadly a poison as the bichloride, a careful test of the urine should first be made and the exact condition of the kidneys if possible first ascertained.

Electric Otoscope—An electric otoscope has been exhibited to the Academy of Medicine of Paris, but we are very dubious about the practical advantages to be derived from it over the satisfactory head mirror and the little light hard rubber simple funnel, for illuminating and operating on the ear.

Action of Cocaine, or as many of the English writers persist in calling it, cucaine, is from the British Medical Journal:

"An interesting and important contribution to the study of the action and uses of cucaine was made by Mr. Walter Jessop, in his paper read before the Ophthalmological Society. His investigations point to the conclusion that the drug acts by paralyzing the sensory endings of the cerebro-spinal nerves, and stimulating the sympathetic endings. Its effect appears to be remarkably local; the conjunctiva may be rendered completely insensitive for the whole or part of its area, but the deeper parts retain sensation, and the operation of tenotomy is therefore attended by pain, unless the surgeon, after rendering the conjunctiva insensitive, injects a few drops, with a hypodermic syringe, into the neighborhood of the tendon to be cut. Injection of a four per cent solution into the anterior chamber deadens sensibility sufficiently to render iridectomy painless. But beyond its anesthetic effects, cucaine has other properties which may make it useful to the ophthalmic surgeon. It appears that when the pupil is fully under the influence of atropine, it is still capable of further dilatation when a strong solution of cucaine is introduced. Irritation of the sympathetic will also produce a further dilatation of a pupil already dilated by atropine, and Mr. Jessop advanced reasons for believing that cucaine stimulates the sympathetic. The modes of action of cocaine and atropine, therefore, though both produce dilatation of the pupil, are radically different; atropine produces the dilatation by paralyzing the sphincter fibres, cucaine by stimulating the radiating fibres. Advantage may be taken of this action of cocaine in the treatment of iritis, for adhesions which are able to withstand the drag produced by atropine may give way under the slight additional strain brought about by the action of the radiating fibres stimulated by cucaine. Dilatation of the pupil is quickly produced, and quickly disappears, when the drug is used alone; it seems, therefore, probable that it will be of great use to the physician in facilitating ophthalmoscopic examination, which he now often makes with a contracted pupil, under difficulties, rather than subject the patient to the prolonged discomfort produced by atropine."

Questionable Procedure in a Greatly Distended Bladder.—One hundred and eighty fluid-ounces of urine drawn from the bladder at one sitting is reported in the British Medical Journal by W. W. Green. The patient died a week later. She had not passed her water before for five days. Was the withdrawal of so large a quantity of water at one sitting judicious? We think it very questionable.

Sulphides and Phosphides—Whilst some of the members of the West London Medico-Chirurgical Society are discussing the best mode of administration of the sulphide of calcium claiming greater advantage for the pill form and in larger doses, a Chicago pharmacist sends round to the physicians a circular declaring their intention in the future of dispensing all sulphides and phosphides in the dry form and in capsules, claiming that when subject to the influence of moisture the compounds are decomposed. We think the Chicago Pharmacist is right.

The Removal of the Cecum for epithelioma is the subject of a report by Mr. W. Whitehead of Manchester, England; it is reported in the British Medical Journal of January 24, 1885. The patient died, however, on the 13th day.

Hydrochlorate of Cocaine Solution.—Schroetter of Vienna is said to use by preference for operating on the throat a 20 per cent (twenty per cent.) solution. He prefers the solution to the powder.

Death from Nitrous Oxide.—A retired magistrate went to a dentist in Paris to have a tooth extracted. Gas was administered, the tooth extracted and the patient died. It

would appear from the absence of any hemorrhage that the patient was dead before the operation was performed and seems to have been due to failure of the heart's action.

Bacterial Preferences.—The following is from a report of one of the Cantor lectures. Some violent germiphobe will be suggesting next that we build our hospitals 2,000 metres above the sea level.

"Bacteria cannot be detected with any certainty by the microscope alone, but need to be estimated by methods of cultivation. Miquel's method consists in drawing a measured quantity of air through each of a large number of tubes of a special pattern, and partially filled with sterilized bouillon. These tubes are then kept for several days at a suitable temperature; and the amount of bacterial growth which has taken place is then easily seen. Thus, if 100 litres of air be distributed through 50 tubes, and if, after due lapse of time, 10 of these tubes show bacterial growth, Miquel estimates that the 100 litres of air contain at least 10 bacteria. This work has been done every day, and often many times a day, for some years; and we cannot too highly appreciate the enthusiasm and devotion of Miquel and his fellow-workers. Among the results obtained were the following: In 1880 there were on an average 560 bacteria in each cubic metre of air examined at Mont Souris. In 1881, the average was 590, while in 1882 it was only 320. The highest numbers were often recorded when the wind was northeast, and when, before reaching Mont Souris, it had swept over a great part of the city of Paris. Ozone had no effect on the numbers of bacteria.

The number is always small during rain, increases as the dryness of the soil progresses, and decreases again if the dryness be prolonged beyond a week. They are more plentiful in hot weather than in cold.

In the centre of Paris (Rue de Rivoli), the number of bacteria averaged (in 1882–83) 2,490 per cubic metre, or very nearly five times as many as at Mont Souris, which is in the extreme south of the city. Miquel's experiments in the Alps, and his comparison with similar experiments conducted at the same time in Paris (July 1883), give the following results:

	Bacteria per Cubic Metre.
At 2,000 to 4,000 metres above sea-level -	0.00
On the Lake of Thun (560 metres) - -	0.80
Near the Hotel Bellevue, Thun - -	2.50
In a room of the hotel - - - -	60.00
In the park at Mont Souris - - -	760.00
In the Rue de Rivoli - - - -	5,500.00

The scarcity of microbes in the mountain-air is attributed to (1) the lessening of pressure, and consequent expansion and dilution, as it were, of the air; (2) the lessened density decreasing the power of the air to suspend solids; (3) the progressive disappearance of productive foci of bacteria.

Researches carried out at the Hotel-Dieu and Notre Dame de la Pitié gave an average for the year of 11,100 bacteria in each cubic metre of air in the wards of these hospitals. Taking the whole year through, it was found that the increase and decrease of bacteria in the air of hospital wards obeyed laws very different from those observed in the open air. The hospital-bacteria, in fact, reached their minimum at a time when the windows could be kept open (in June, July, August), when the average fell to 5,500. The maximum (28,000) was reacned during the cold weather in January, when the number in the air of the street had fallen to 160. "If," says M. Miquel, "hospitals be built in the middle of cities, the surrounding quarters must receive microbes which are, possibly, not always harmless."

Non-Penetration of the Lining False Membrane in Tracheotomy.—Mr. A. G. Osborne in the British Medical Journal, January 17, calls attention to a danger associated with the operation of tracheotomy, which it is well to bear in mind. In a case in his own experience the operation which was performed on a child 4 years of age, resulted in the painful circumstance of the child dying during the operation. An examination proved that the tube had entered the trachea,

but the incision had failed to penetrate the false membrane and the insertion of the Fuller bivalve tracheotomy tube caused the false membrane to double upon itself and thus prevent the entrance and exit of the air into and from the lungs. Either this accident has not often occurred or operators have been remiss in their observations, as the circumstance seems to have been seldom referred to as a source of danger. The bare possibility of its occurrence constitutes an argument of some import for tracheotomy without the use of tubes.

Preataxic Symptoms of Tabes Dorsalis. —Locomotor ataxia or tabes dorsalis has evoked considerable discussion of late, Fournier, Erb and others claiming for it, in a vast majority of cases, an etiology associated with syphilis. The alleged association has been severely contested, but there seems an abundance of evidence already existing in journalistic literature to substantiate in the main the association. One of the arguments advanced to show that the affection was not of syphilitic origin was the inefficiency of the usual specifics, found so valuable in syphilis, in well defined cases of tabes dorsalis. The argument, however, is of no avail, inasmuch as in the vast majority of cases where tabes has been recognized the degenerative changes in the associated column in the spinal cord have already taken place, and just as no amount of medication will remove the scar from a deep seated wound associated with syphilis, so we cannot expect that antisyphilitic treatment can be efficient in restoring the affected and degenerative nerve tissue to its normal function. The fact, however, that the disease is not always arrested in its treatment may be more difficult to explain away, but that such is not the case in a great number of instances we are not prepared to admit. A great number of such cases certainly hold on to existence for a great number of years.

The advantage associated with an early recognition of tabes dorsalis before the development of the ataxic symptoms, cannot under any circumstances be called in question. M. Fournier of St. Louis Hospital, Paris, has recently devoted his attention to the subject. One of the difficulties which he brings into relief associated with the study of the subject is the long period which may elapse between the manifestation of these preataxic features and the ataxy itself. He claims that certain symptoms associated with ataxia may precede the ataxia by an interval varying from a few months to thirty years; but that the mean period may be stated as being between three and six years. These symptoms are numerous; lightning pains, paralysis of ocular muscles, perforating ulcer of the foot; difficulties associated with the bladder or cerebral disturbances.

Relative to the disturbances of the bladder a certain muscular weakness may be suddenly developed, requiring a prolonged interval of positive effort to effect an evacuation of the bladder. This weakness may so increase as to develop into a total paralysis resulting in retention of urine. Under other circumstances tenesmus, anesthesia or even colic may be associated with the bladder. The genital organs are sometimes for a short period subject to undue excitement, so much so that nocturnal emissions may occur without any appreciable cause. More frequently, however, the sexual appetite is diminished or completely destroyed.

In the cerebral region certain symptoms of considerable importance are noted by Professor Fournier, heaviness about the head, headache, giddiness. For example an individual is walking in the street and all at once he staggers and falls, but no adequate cause for it is discovered. The phenomenon occurs repeatedly and later on the more marked symptoms of ataxia are developed. In other cases these disturbances may amount to apoplexy, epilepsy or aphasia. One feature about these attacks according to Fournier is the rapidity with which they disappear to redevelop later.

When the motor region is especially affected the muscles of the eye may suffer, and various forms of paresis amounting in some

cases to paraplegia and complete hemiplegia. When such troubles occur and rapidly disappear they are to be especially suspected as forerunners of tabes. Among the mental disturbances Fournier mentions loss of memory and generally diminished intellectual power.

Among the special senses he notes impaired vision—of course when not associated with any manifest lesion explicable on other grounds; he further lays special stress on disturbances of the function of hearing, such as impaired hearing, noises in the ears and vertigo. The importance associated with the teaching of Fournier lies in the fact that if recognized early the further development of the affection can be made to respond with greater ease to the remedies at our disposal.

CONTRIBUTIONS.

REMOVAL OF A FLOATING CARTILAGE FROM THE KNEE-JOINT.

BY ARNO W. KRATZSCH, M. D., PLYMOUTH, WIS.

On Sunday, November 20, 1884, L. W., aged twenty-one, called upon me complaining of something mysterious creeping about his knee-joint, and causing him much inconvenience. Thinking of the probability of there being a floating cartilage present, I investigated the joint, but could find nothing more than the usual superabundance of synovial fluid in such cases, due to hypersecretion from irritation of the foreign body. The patient himself was unable to find it while consulting me.

After a long and fruitless search I sent him home, instructing him to call on me whenever he would find the intruder, after having it fixed with compress and bandage near the upper and outer aspect of the knee, where he claimed to have pushed it on previous occasions. On the following morning he again returned with a bandage firmly bound around his thigh, and on exposing his limb nothing could be seen; for it had escaped beneath the bandage.

On this occasion, however, I found the body and confirmed my diagnosis. I was enabled to push it outside of the vastus externus, and about two inches from the centre of the joint where I fixed it, and, thinking this a favorable location for extraction, an operation was agreed upon. The patient went home, and on the same day with the assistance of Dr. S. Meade the operation was performed.

The anesthetic used was ether, and none but the usual antiseptic precautions were practiced.

The initial incision was made at the lower border of the cartilage and not deeper than the integument and superficial fascia. The wound was then drawn upwards towards the centre of the thigh and the incision completed. No ligations nor any other modes of arresting hemorrhage were required and the capsular ligament was opened without the aid of the groove director, upon which the cartilage, which was of the size of a hickory nut, and partly ossified, escaped, followed by perhaps one dram of synovia. The wound was at once closed so that no air might enter, the initial incision forming a sort of valve over the deeper and final incision. Well carbolated horsehair sutures were used and nine in number, the wound being quite large. No preparatory treatment was indulged in, since the patient manifested no signs of cachexia, and appeared to be of robust health. The treatment after the operation consisted locally of iodoform and an oakum compress with a roller bandage. Constitutionally, were observed diet, which was bland with an occasional saline laxative and opium for several days. Absolute rest was given for a period of five or six days. After adhesion had formed the stitches were removed and on the eighth day the patient began to use the limb; but with great care. On the fourteenth day he was at work in the field plowing. There were no signs of fever, no pain, no swelling, nor any hemorrhage since the operation.

—Query: What reliance, we should like to know, can be placed on the report of a case from which the following is an extract: It hails from Long Branch, New York:

"July 27.—There was a slight abatement of the fever, but the orbit of the eye was pressed out by the intra-ocular effusion, which ruptured the conjunctiva and allowed it to hang in serrated folds on the cheek. It was unmistakably metastatic choroiditis, and the rapid inflammation soon resulted in purulent effusion pushing the lens forward into the anterior chimney of the eye."

This certainly "captures the confectionery." We should add that the report contains reference to Virchow, Heiberg, John Hunter and a host of others.

CLINICAL LECTURE.

HEMI-ANESTHESIA DUE TO LESION OF THE CRUS CEREBRI.—EPILEPSY WITH RUNNING ATTACKS.—HYSTERO-EPILEPSY WITH RUNNING ATTACKS.—PARALYSIS AGITANS.

A Clinical Lecture Delivered at the Philadelphia Hospital.

BY HORATIO C. WOOD, M. D., LL. D.
Physician to the Hospital and Professor of Diseases of the Nervous System in the University of Pennsylvania.

REPORTED FOR THE REVIEW BY WILLIAM H. MORRISON, M. D.

Gentlemen, the first case which I show you is in the person of this aged colored man, who has until quite recently been under treatment in the eye-ward for failing sight which he attributes to an injury. The point which interests us, however, is the fact that about one week ago this old man, while feeling in his usual health, was seized with numbness in the left arm and left leg which was rapidly followed by loss of power, so that he fell to the ground, although he did not lose consciousness. In other words, he had a stroke of the palsy. A curious point about the case is that the man has rapidly recovered the power of motion in the extremities, and now there is no evidences of paralysis. No difference can be detected in the strength of the two arms and he is able to walk around the wards as well as before the attack. When we come to test sensation however, it is found that there is complete anesthesia in the skin of the arm and in the leg. Examining the abdomen, loss of sensation is also found, but as the median line is approached from the left side, there appears to be some feeling, but not as acute as on the right side. This and similar cases, show that there must be a certain amount of crossing over of the nerves of one side of the body to the other.

We have here, then, a case in which the symptoms are those of a stroke of palsy, affecting both motion and sensation, with rapid recovery of the power of motion but an apparently permanent loss of sensation. We have now to deal with a case of hemi-anesthesia which is evidently of cerebral origin, for the reason that it occurs in a person in whom it is almost impossible to suspect hysteria, and hemi-anesthesia, except as the result of hysteria or of a cerebral lesion is an exceedingly rare condition. With the loss of sensation, there was immediate and primary loss of motion, which does not ordinarily accompany hysterical hemi-anesthesia.

The next question to be answered is, granting that this man is suffering from a cerebral lesion, where is its seat and what is its nature? At the present time it is agreed among physiologists that the posterior portion of the cortex is connected with sensation while the anterior portion is connected with motion. Is this man suffering with a cortical lesion? Are the symptoms due to clot, embolism or some disease in the posterior cerebral cortex? Evidently not. The fibres of the brain pass from below upwards to the cortex in a radiating manner, and when they reach the surface are widely separated. A cortical lesion to produce paralysis of one side of the body would have been exceedingly wide-spread and cover a large portion of the cortex. As the result of cortical lesions, we have the mono-plegias and various local paralyses. We must also bear in mind that there was also paralysis of motion in this case and this would necessitate, on the theory of a cortical lesion, that the anterior surface of the brain was also affected, so that to explain the symptoms on the supposition of a cortical lesion would compel us to consider that almost the whole cortex of one side of the brain was involved. There was, however, no unconsciousness and it is quite evident that the case is not one of cortical lesion.

It is therefore necessary to look for some portion of the brain in which the fibres of sensation are gathered close together and are closely associated with the fibres of motion. That portion of the brain is undoubtedly the crus cerebri. The crura cerebri, or peduncles of the brain, are divided into two parts by the locus niger, a mass of blackish matter in which are imbedded numerous cells of gray matter. The function of this little body is unknown. It is interesting from an anatomical point of view as separating the sensory and motor tracts of the peduncles. The fact that both motion and sensation were involved indicates that the whole peduncle of the right side was affected, and it would seem from the permanent loss of sensation that the posterior portion which is connected with sensation was most profoundly affected. In some instances of lesion of the peduncles the patients have executed very bizarre movements. These are found especially in animals in which section of the peduncles has been made.

There appears to have been nothing of the kind in the present instance.

What is the nature of this case? We have to deal either with a small clot or the result of an atheromatous condition of the vessels. Examining the eyes, I detect a marked arcus senilis and placing my finger on the radial arteries, I find that they are hard and rigid. He is therefore in the condition of a man over whom a stroke of palsy is always impending, for the vessels of the brain are undoubtedly in the same condition as the radial arteries, and the consequent brittleness of their walls makes them very liable to rupture. On the other hand it is in such vessels that thrombi form. The walls of an atheromatous artery have their inner coat roughened and frequently plates of cholesterine are found projecting from the endothelium. Such vessels have lost their elasticity and do not yield to the sway of the blood current, and there is always a tendency for a coagulation of the fibrin to take place in some of the little pouches formed in the roughened coat of the vessel, and all around this little clot a mass of fibrin will gradually form until the vessel is occluded. It may be that this man has a spot of softening in the position indicated—due to arrest of the circulation, or it may be that a clot was thrown out. It is not possible to say which is the lesion that is here present.

Of course, there is not much to be said in regard to treatment in a case like the present. The man denies all syphilitic disease, but we have put him on large doses of iodide of potassium for the simple reason that there was nothing else to be done, and he seems to tolerate these large doses of the iodide, and it may be that there is specific disease. As you know, syphilis is one of the most common causes of atheroma.

Epilepsy with Running Attacks.

This patient states that he is 25 years of age and for the past year has had "fits." In a case of this kind it is a matter of the greatest importance to determine the period at which the attacks commenced, for it may be laid down as an almost invariable rule that where a disease simulating epilepsy, develops in a person over thirty years of age such disease is not true idiopathic epilepsy but is the result of kidney disease,alcoholism,commencing organic brain disease, or some other cause which separates it from true idiopathic epilepsy. True epilepsy rarely begins after 20 years of age. A case like this in which the symptoms are said to have developed after the age of twenty-five requires to be carefully considered. The man asserts that previous to one year ago he never had any fits of any kind, but we know that his statements must be taken *cum grano salis.* With this history, it behooves us to investigate the case with care to see if the character of the attacks conforms with that of epilepsy and to see if symptoms can be found which are not explainable on the theory of ordinary epilepsy.

I shall take the last part of this inquiry first. The man does not suffer from headache, has not lost his memory and careful examination fails to reveal indications of any form of organic brain disease.

Let us now look at the character of the spells. The patient is ignorant of the fact that he has more than one kind of an attack, although he has two entirely different forms of seizure. He has no ordinary aura, but immediately preceding the attacks he has a feeling of "great scare." This is an interesting fact and it seems fair to regard this as a form of mental aura. In a large proportion of epileptic patients there is a premonitory symptom,which sometimes is only momentary, while at other times it lasts for one or two minutes. The patient may feel a peculiar sensation which, beginning in the stomach, or in one hand or in a finger, gradually rises, and by the time the wave reaches the head consciousness is lost. This man has no such aura, but he has a mental sensation which may take the place of the aura. There is a patient in the wards who illustrates another peculiar form of aura. Immediately preceding the attack of epilepsy, the patient is seized with sudden blindness.

Our patient seems besides the running spells to have well marked, apparently regular typical attacks of epilepsy. There is no one-sidedness to the convulsions, nor do they appear to begin especially in one part. They are sometimes preceded by attacks of running. A short time ago, when I happened to be in the ward, this patient suddenly started and ran the whole length of the ward before he was stopped. He was carried back to his bed by main force. He lay there for three or four minutes before he would answer any questions. Then when he was shouted at, he began to take notice and finally answered in a dazed, absent sort of a way, showing that he did not recognize where he was or who were around him. In a few minutes consciousness became normal. There seems to be in these running attacks just as complete loss of consciousness, and just as complete setting aside of the memory as there is in the epileptic seizures. I am told that if let alone he will run for a quarter or half a mile. Whether this is true or not, I

can not say. Sometimes at the end of the running he falls in an epileptic fit, while at other times he stands in a dazed sort of a way and finally wakes up not knowing how he got where he is. There is a complete relation between these running attacks and the epileptic convulsions. They come on with the aura, are accompanied with the same unconsciousness and sometimes the running attack ends in a general convulsion.

These cases of running epilepsy are well recognized, but they are rare. Trousseau describes the case of a master builder who suffered with this disease. The attacks would often come on while he was on the highest scaffolds or on the most dangerous parts of buildings, and he would run from one part to another without falling.

The condition of a patient with such an attack must be similar to that of a person in a room in a somnambulistic attack. The running co-ordinated movements are due to the fact that the lower automatic brain system is not overwhelmed by the epileptic discharge. The present theory of epilepsy (probably the correct one, and certainly that which is most concordant with present physiological and pathological knowledge) is that there are certain centres in the upper brain which accumulate nerve force very much in the manner that a Leyden jar accumulates electricity, and these are called discharging centres. At certain irregular periods these centres get full and must relieve themselves by nervous discharges, and these nervous discharges paralyze the coordinating powers of the lower automatic nervous system, and they sometimes produce violent motor discharges from centres still lower down. The explanation in the case of running epilepsy is that the discharge does not paralyze the mesencephalon in which the automatic centres reside, but that it simply excites lower nerve centres, producing movements which are coordinated instead of causing uncoordinated movements, as in the ordinary epileptic seizure.

Hystero-Epilepsy with Running Attacks.

This girl exhibits some of the features of the case which has just been before you, but I think that it illustrates a different type of disease. One year ago, this girl, who is now fourteen years of age, menstruated for the the first time. She then began to have somnambulistic attacks and frequently would rise in her sleep and walk around the house. Three months later, she began to have spells which have continued to the present time. These have usually been attacks in which she runs. Sometimes the girl feels the spell coming on and lies down on the bed until it has passed, which is usually in from three to five minutes.

The first point to be made out in such a case is its relation to epilepsy, and in considering this we are to try to determine the presence or absence of consciousness. A characteristic symptom of epilepsy is loss of consciousness; and without loss of consciousness it used to be taught that epilepsy does not exist; but this is, I think, not true, for I have seen cases of what I believe is epilepsy in which, in some of the spells at least, there was no loss of consciousness. Nevertheless, if there be any one symptom characteristic of epilepsy, it is loss of consciousness. In the present instance, it is difficult to make out whether or not there is loss of consciousness. There seems to be retention of consciousness to a certain extent, for the patient remembers things which happen in the middle of the attacks. This partial loss of consciousness is almost characteristic of hysteria. That peculiar condition in which the patient seems to be unconscious and yet is not, or in which he is dazed or in which there are moments of consciousness and moments of unconsciousness intermingled, is very significant of hysteria. Our present patient has the characteristic eye of hysteria, which is full with a large pupil and is almost what may be called pouting. She states that she also has laughing and crying spells, but does not have the globus hystericus. Judging from the history and symptoms I should say that probably the correct diagnosis is that of hystero-epilepsy, but there are not sufficient data to enable us to reach a positive conclusion.

Paralysis Agitans.

I have here two examples of Parkinson's disease, chronic affection associated with tremor. There are two distinct groups of cases which formerly were classed under the general name of paralysis agitans or Parkinson's disease. To one of these groups belong cases of multiple cerebro-spinal sclerosis and to the other group belong the remaining cases of paralysis agitans, probably representing several different affections which we have so far been unable to isolate. Multiple crebro-spinal sclerosis is differentiated from Parkinson's disease by the fact that in it the tremors are only induced by voluntary movement. In the cases before you it is noted that the tremors are constant. This at once shows that they are not cases of multiple cerebro-spinal sclerosis, but are cases of paralysis agitans.

Paralysis agitans is a very chronic affection, the pathology of which is completely unknown. It, as a rule, is first manifested in

one arm and then appears in other parts. The tremor is followed by progressive loss of power and usually by slowly increasing rigidity of the muscles. In both of these men the tremor began in the left arm. In one of them it was next observed in the right leg and then in the right arm, the legs remaining unaffected. These cases illustrate the fact that there is no regularity in the mode of onset, save that the tremor usually begins in one of the upper extremities. The head is very rarely affected with tremor in this affection, and, indeed, I think that Charcot says that it is never involved. I have, however, seen at least two cases in which the muscles of the head and neck were affected.

The man in whom the leg is affected assumes somewhat the typical method of walking. In advanced cases the patient leans forward in walking, and in order to maintain his balance, has to step quickly; finally he breaks into a run and is then unable to stop unless he can catch hold of something or run up against some stationary body. This gait is known as festination.

The shape of the hands of these patients is characteristic. The peculiar bending of the fingers and the drawing in of the thumbs is almost characteristic. This condition results from the tendency of the muscles to contract and to become rigid. Under such circumstances the flexor muscles overcome the extensors not because they are more affected, but because they are the stronger. One of the symptoms of this disorder is the inability to execute movements rapidly.

There is a curious physiological fact about these cases to which I call attention, and that is, that although the enfeebled muscles of these patients' arms are in constant action, yet they do not complain of fatigue. If these movements were made voluntarily, fatigue would be induced in a few minutes. The voluntary muscle in this disease seems to take on the properties of an involuntary muscle. An involuntary muscle apparently never tires. The heart beats for a life time without asking a moment's rest. The voluntary muscles, however, require rest. What is the reason of this, or what is the great reason that movements exercised through the will cause fatigue, is not known.

There is no treatment for this affection.

—Before undertaking a post-mortem, Dr. Chevenger recommends holding the hands over strong liquid ammonia, when the smarting which ensues will reveal all sensitive or abraded places that need a touch of caustic before beginning the examination.

SOCIETY PROCEEDINGS.

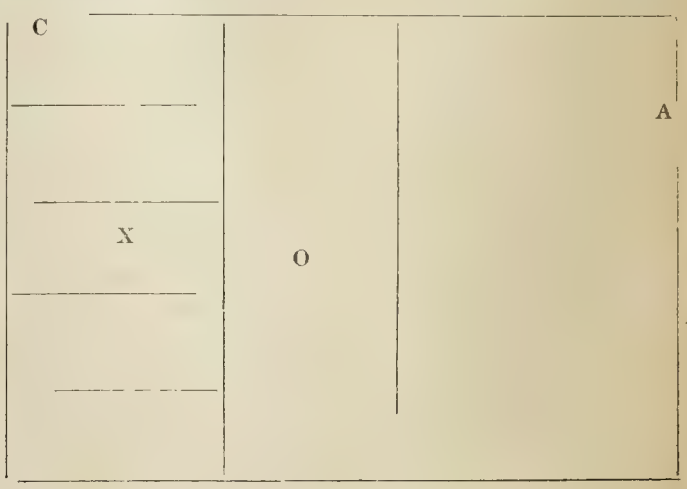
ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting held Saturday, February 14, 1885. The President, Dr. Atwood, in the chair:

PURIFYING THE AIR FOR OPERATING ROOMS.

DR. DAVID PRINCE, of Jacksonville, stated by way of preface that, when in Europe last summer, he observed at Hamburg an arrangement at the General Hospital of that place which commended itself to him. It consisted of an apartment entirely isolated from the hospital building, by means of a space of about six feet, and designed for the sole purpose of performing certain operations in it. He thought over the matter on his way home and even went farther. He thought that an operating room might be constructed which would contain better and purer air even than is generally found out-doors. Two indications were to be met: 1. To precipitate or neutralize anything deleterious which might exist in the air; and, 2. To purify the air of the matters emanating from the patient and surgeons in the room. Besides this, the atmosphere of the room was not only to be purified but to be constantly replaced by purified air. The agents adopted to produce this were water in the form of steam and of a spray. Cotton cannot be used as it filters the air too slowly to supply the necessary demand in the short time allowed. Dr. P's method consists in having a basement room underneath the operating-room. In this basement room we have a division into three compartments, thus:



The air enters at A, and is steamed; it then passes into the next chamber O, in which a stove or other heating apparatus is situated.

Next the air passes around the horizontal screens in the compartment X, water continually dripping from the screens in the form of a spray which precipitates the foreign injurious matters. If still greater safety is desired, repeat the process. (Dr. P. here demonstrated the method by means of a chart.) To test the purity of the air entering the operating room a small amount of sulphur is burnt in lowermost part of section X. If the process is working there will be no odor detected after the air makes its exit through C. Another test is to place a culture fluid in the operating room and then examine it for micro-organisms. If the air is pure decomposition and the development of bacteria will not take place. Dr. P. further stated that in Hamburg there was no idea of purifying the air, but the walls and floor of the room were made, as nearly as possible, non-absorptive, concrete and glass being largely used. He added that the screens in the third compartment were made of cheese-cloth, which permitted the spray of water to pass through them and to completely saturate the air passing up, taking with it the noxious elements probably existing in it.

The Staining of the Bacillus Tuberculosis by a Rapid Method.

Dr. Bremer stated in his prefatory remarks that a vast field of pathological research had been opened since the question as to whether particular organisms played any part in the production of certain diseases had been made; and it was principally since Pasteur's investigations that the subject had received such attention from the profession. The discovery of the bacillus tuberculosis by Koch placed the pathogenic force of these organisms on a firm basis and the speaker felt personally convinced that every physician ought to be able to make the diagnosis of suspected tuberculosis at a very early period and in doubtful cases. In order to do this he ought to be familiar with a rapid and reliable method of demonstrating the bacilli. He next spoke of the many erroneous conceptions regarding the nature of micro-organisms. Not only the lay public were apt to look upon them as animalcules, such as worms or gnats, but even among the profession there were many that believed the bacteria to belong to the animal kingdom. They are in reality the lowest type of plants, which are propagated by fission, and characterized and distinguishable from the higher plants by the absence of the coloring principle (chlorophyll). They cannot assimilate inorganic matter, like the higher plants, but must have complex organized bodies for their nutrition. He divided these micro-organisms (the schizomycetes) in three classes; 1. Those living on dead tissue and in fluids containing organized matter, decomposing the latter into inorganic compounds and evolving stench, the saprophytes or saprogenous schizomycetes. They play an important part in nature and especially in preparing pabulum for the higher plants. 2. The zymogenous, those producing fermentative processes, such as the micrococcus butyricus; and, 3. The pathogenic, those producing infectious diseases.

Up to date we know of at least two diseases which are without peradventure due to micro-organisms, anthrax and tuberculosis. All the requisites of a convincing logical proof of the causal relation of the bacilli named after these diseases have been furnished by a number of investigators and by often repeated experiments. We always find them in the affections mentioned; cultivated in pure state and inoculated in animals susceptible to the diseases they will produce the original affection, the particular organism being invariably present. Thus there is an unbroken chain of evidence establishing without the shadow of a doubt the parasitic nature of anthrax and tuberculosis. With other diseases and their micro-organisms it is hard to operate as it is either difficult or even impossible to findanimals susceptible to the poison. The most important of all the pathogenic organisms and one that can be demonstrated unequivocally is the bacillus tuberculosis. The speaker next proceeded to demonstrate a rapid method of staining the bacilli of tuberculosis explaining each successive step as follows: Take a small quantity, about the size of a pin's head of the suspected sputum; spread it as a thin film, (the thinner, the better), on the cover glass, let it dry, then pass it through the flame of a spirit lamp just sufficiently to render the albumen insoluble. The film then becomes transparent. Great care must be taken in doing this as otherwise the specimen will be overheated, the bacilli charred and when stained will present one chaotic mass of colored substance, the contours of cells and bacilli being lost. Next float the cover glass in the staining solution, which is made by dissolving a basic aniline dye (gentian—violet or fuchsine) in water containing about 2 per cent of aniline oil and which has been filtered on a moist filter to prevent the oil from passing through. The staining fluid thus made is allowed to stand three or four hours during which time it may be occasionally shaken. Some of the liquid is now filtered off and is then ready for use.

This is a fuchsine solution obtained in the manner described. The next operation is to heat the fuchsine solution, on which the cover glass is floating to 60° C., taking care that it does not boil. The manner of testing is by applying to the hand; it ought to be heated until the touch of it can hardly be borne. The specimen is now diffusely colored and on placing it under the microscope a homogeneous red mass would be visible.If an acid, say muriatic,one in three is poured over the specimen previously passed through water, it is immediately decolorized with the exception of the bacilli of tuberculosis. In order to make the bacilli appear, the cover glass has to be washed in water and then to be decolorized by means of nitric or muriatic acid, one part to three. Everything is immediately bleached, the red color disappears,a roseate hue remaining. The whole film of sputum including cells and bacteria of various kinds has lost the red color, except the bacilli tuberculosis, if present; but if the acid be allowed to remain too long, even these will lose their color. The next step is to color the film by placing the cover glass in a solution of malachite green (about two or three per cent), which will also stain all the accidental, non-pathogenic bacteria. Next take off the superfluous water, dry the specimen and imbed it in Canada balsam. The theory of this method, as advanced by Ehrlich, the inventor of the procedure, is that the bacillus tuberculosis is surrounded by a membrane which allows the color to penetrate and not the acid. The opinion of the greater majority of observers, however, seems to be that the bacillus of tubercle is difficult to stain and just as difficult to decolorize; prolonged sojourn even of the intensely stained bacillus in acid or absolute alcohol will finally produce fading. Gram's method seems to me to answer best. Take the substance to be examined, proceed in the same manner with the sputum, up to the point when the superfluous amount of color is to be removed, substituting, however, the gentian-violet, for the fuchsine. Leave the covering glass floating on the gentian-violet solution for from three to ten minutes, then wash in water and place it in a small quantity of the following solution:

Iodini, - - -	1.0	(15 grains.)
Potassii iodidi, -	3.0	(45 grains.)
Aquæ destillatæ, -	300.0	(10 oz.)

M.

All the organisms, except the tubercle bacilli, will be colored a purplish blue or black. Washing the preparation with absolute alcohol will remove the superfluous color; then dry and imbed. This process like the other one given is very rapid and easy.

Dr. Dean stated that he believed that every one studying bacteriology is trying to detect quick methods and most of those given out are very poor. He thought it difficult to identify a great many because there are many different bacilli which are colored; and different sizes are observed under the same power. He believed also in the use of the microscope for an early diagnosis but merely as an adjunct and help. He would not regard the absence of bacilli as conclusive evidence. The arrangements spoken of by Dr. Prince and the subject of micro-organisms reminded him of something he read lately of two Italians who made experiments on the diffusibility of the bacilli tuberculosis in the sickroom. Their conclusion is that so long as the sputa remain moist there is no diffusion of bacteria and they do not pass about in the room. The speaker thought that the noticeable feature of these bacilli retaining the color depended upon a peculiarity of their protoplasm. So long as these organisms have a proper and sufficient nourishment they thrive. As soon as this disappears they provide for their succession. They send out spores which are very difficult to destroy. Germicides may destroy bacilli and still not act upon their spores; so that what the properties of a germicide are depends upon what organisms it destroys.

Dr. Bremer stated that there was a certain significance attached to the absence of the bacillus in tuberculosis. If the specimen of sputum is taken from a case where a bronchitis coexists it may be that the expectoration came from the bronchi and here we do not find the bacilli because the destructive process is not going on there. In such cases we must examine again and again, if there is the slightest suspicion of tubercle. As soon as one bacillus is found it is proof conclusive. The morphology of this germ varies greatly. The speaker has seen granules and chains of micrococci seemingly; they are simply the free spores of the young bacilli and will elongate. In regard to the various kinds of tubercle bacilli, they may be short, long and even filament like, etc. The speaker did not know whether the shape has anything to do with the peculiar character or intensity of the disease. Some patients exhibit one form and others another. Klein asserted that there was a difference between the bacilli found in bovine tuberculosis (pearl disease), and those met with in human tuberculosis and that they were not identical. He grounds his opinion on the fact that the former are smaller than

the latter and that the bacillus of bovine tuberculosis occurs in cells, whereas in human tuberculosis it is suspended in the sputum. In the speaker's opinion the size of a bacterium is not the proper criterion, variously sized tubercle bacilli being met with in different individuals. Besides in sections of fresh tubercle (lung or bronchial glands), bacilli are often observed imbedded in lymphoid cells. Another question connected with this subject is as to whether there is any relation between the number of bacilli and the intensity of the disease. We can only verify the observation of Fraenckel, that in summer the number is enormously increased in the same tuberculous patient over that observed in winter. This goes to show that they probably proliferate in the sputa under an increased outside temperature. They only grow in a temperature nearly that of the body.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, February 10, 1885.

Editors Review: Most prominent among the transactions of the New York State Medical Association at their recent meeting in Albany was the introduction of a bill on education which is to be brought before the state legislature for action. Should this new bill succeed in becoming a law we are of the opinion that it will mark a new era in the system of American medical education.

Although the need has long been felt of a more independent and thorough examining power, yet under our system of republican government, with its intricate political machinery, and the multiplicity of opinions arising out of conflicting systems of medicine it has never heretofore seemed feasible to attempt the separation of the teaching from the examining and licensing power.

The new bill enacts that there shall be a board of medical examiners who shall at first be appointed by the Regents of the University of the State of New York. This board is to consist of nine members, six to be chosen from names submitted by the Medical Society of the state; two from the Homeopathic and one from the Eclectic State Medical Society.

All persons entering upon the practice of medicine or surgery after January, next, will not only have to be a graduate of some legally qualified institution but he must also pass a second examination before this board of examiners.

Finally, it provides that no person shall be authorized to practice medicine who has been convicted of a criminal offense and in case of violation of this law a heavy fine is imposed.

Dr. Fordyce Barker in his valedictory address before the Academy in anticipation of this educational bill spoke of it with approval. He said: "When charters for medical colleges can be easily obtained from the State Legislature, it is a duty which the profession owes to the public, as well as to itself, to protect the community from ignorant, unprincipled practitioners of medicine, who not only swindle their victims but jeopardize health, and often sacrifice human life."

Dr. Barker also reviewed the methods of conducting the examinations in Great Britain, France, and Germany.

At a recent meeting of the County Medical Society, Dr. O. D. Pomeroy read a paper claiming that malaria influenced many affections of the ear. Dr. Baruch was of a different opinion. He said, "When physicians get a case which puzzles them they conveniently call it "malaria." Malaria has been connected with ear, throat, bladder and various other organs of the body, and if this keeps on, we won't have anything but malaria."

We are reminded in this connection of a private conversation lately with so eminent and shrewd a diagnostician as Dr. Edward Janeway, who in discussing a case said that among the diseases which he had found to be mistaken for malaria were deep-seated abscesses, such as liver or psoas abscess, pleurisy, tuberculosis, typhoid fever and syphilis.

Dr. A. Haddon read a paper entitled "The Manure Nuisance" in which he suggests pressing it into bales as it accumulates thus retaining the odor and facilitating transportation.

Dr. Thomas at his clinic said that when physicians make treatment of prime importance in the management of their cases they are apt to become empirical and to make even their diagnosis dependent upon their treatment, but when physicians attempt above all things to arrive at a diagnosis of the case the management becomes rational and the treatment becomes easy.

In Buffalo, a cremation society has been formed with a capital stock of $10,000, one-half of which is already subscribed. It is said that owing to the present cholera scare it has been sanctioned and supported by a large class of people, among whom are many business men.

In the annual report of the State Board of Charities it has been found that owing to defective laws relative to immigration, a great number of infirm aliens find their way to this country to burden our towns and cities, who ought to be rejected at the port at which they arrive and be returned to the country from which they came.

The valuation of state merchantable property amounts now to nearly $47,000,000.

We are just in receipt of a letter from Dr. A. W. Hand, former correspondent to the REVIEW, who has been travelling quite extensively throughout Europe. Speaking of the cholera epidemic in Italy he confirms the statements of the natives, who say that the English people have exaggerated the accounts of the plague in that country, in order to retain American tourists.

A few wealthy ladies have taken it upon themselves to form a society called the Health Protection Association and have on one occasion made a tour accompanied by a physician and a sanitary engineer inspecting the east side slaughter houses. These ladies have in mind the prevention of the cholera.

The medical profession at large expect an epidemic of the cholera during the coming summer and are supported in their views by the previous history of the disease. J. W.

ITEMS.

—From the annual report for the calendar year 1884, by Dr. G. W. Carson, Clerk of the Health Commissioner and Board of Health of St. Louis, Mo., we learn many interesting items:

The population of the City of St. Louis in 1860 was 160,773; by the census of 1880 it was 350,502; estimated population in 1884 being 400,000, the annual death-rate per 1000 was 19.7.

The area of the city and the extent of Public Improvements is apparent from the following table:

Area of the city, square miles	61.37
Number of acres	39,276.25
Area of Parks, acres	2,104.77
Length of Wharf or River front, miles	19.15
Length of Paved and Macadamized Wharf, miles	3.40
Number of miles of Macadamized Streets in City	292.74
Number of miles of Paved Alleys	66.09
Number of miles of Nicholson Pavements Streets	6.40
Number of miles of Granite Pavement in Streets	8.09
Length of Horse Railways, miles	119.9
Length of Steam Railways, miles	48.
Length of Sewers, miles	223.43
Length of Water-pipe, miles	238.05

The consumption of water during the year averaged 27,400,000 gallons per day.

The total number of deaths durings 1884 was 7887 being 290 less than the mortality for 1883.

By classes the deaths are as follows:

Total Deaths from all Causes	7887
Total Zymotic Diseases	2338
Total Constitutional Diseases	1558
Total Local Diseases	2970
Total Developmental Diseases	653
Deaths by Violence	366
Unknown	2

Among the zymotic diseases the seven principal causes are represented as follows in the death list:

Small-pox	4
Measles	33
Scarlatina	161
Diphtheria and Croup	541
Whooping Cough	32
Typhoid Fever	166
Diarrheal Diseases { Under 5 yrs.	582
Diarrheal Diseases { Other ages	130

Of Malaria 261 individuals died, of Puerperal Fever 54.

In other classes phthisis pulmonalis is found with 845 deaths, and pneumonia with 501.

It should be added that 137 cases of small-pox were taken from the City to Small-pox Hospital, six miles south of the limits, and that 50 deaths occurred here.

—Regarding acute dysentery, Prof. DaCosta says, the best treatment is ipecac., not to exceed gr. xx every two or three hours, guarded with opium, and he has very remarkable results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr. ss every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude the simultaneous use of small doses of opium. Both the ipecac and the saline purgative plans should be abandoned in two days if no change in the conditidn of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x-xx every two or three hours. The use of ice-water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.—Col. and Clin. Rec.

—A pocket diary picked up in the streets of a neighboring village would seem to indicate, from the following choice extract, that the owner was a medical man: "Kase 232. Old Misses Boggs, Ain't got no bisnis, but has plenty of money. Sikness all a humbug. Gave her some of my celebrated 'Dipsefloriken,' which she sed she drank like cold te—which it was too. Must put something in it, make her feel sik and bad. The Old Woman has got the roks."—Sanitarian.

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REMEDY IN INTERMITTENT PULSE.—The editor of the Asclepiad speaking of the use of remedies in intermittent pulse says:

I have made many inquiries in order to ascertain if there be any one particular remedy which so influences the nervous mechanism of the heart as to exert an immediate controlling effect over intermittent action. The result of my research is that there is only one agent which can be said positively to influence it effectively; I mean to influence it at once in such determinate manner that an effect is seen to follow upon a cause. The agent to which I refer is alcohol, and the mention of alcohol brings up the whole question of its use in cases of intermittent action. In intermittent pulse this direct action of alcohol on the heart is shown with singular effect. I have seen in an extreme case, where the fact of intermittency was recorded ten times in the minute at least, a total cessation of the phenomenon within five minutes after the administration of six fluid drams of pure alcohol in water, the circulation at the same time being rendered more rapid. This action of alcohol is so decisive that the patient himself soon becomes conscious of it, and unfortunately resorts sometimes to the remedy, to his ultimate disadvantage.

COMPRESSED AIR.—So called treatment by "compressed air" seems to be growing in favor in the East, following the example of many practitioners in Germany. We cannot theoretically realize that there is any possible advantage associated with the device. The plan suggested and the appliance exhibited before a Medical Society in the East consists of a simple gasometer, the chamber to hold the air being filled with a small foot bellows. What advantage, however, it has over the ordinary accordeon-like bellows to force air into the lungs we fail to see, except that the air would be taken from near the floor and be contaminated with a relatively larger portion of dust and debris generally, and thus give an opportunity of introducing the fashionable disinfectants. Personally, we think the only way to get any influence from compressed or rarified air is to enclose the patient in an air tight chamber and use the air-pump, the compression or rarification being regulated by the mercurial column. It would require a long array of cases associated with severe demonstrations to convince us that any simple pneumatic pressure applied to the mouth and nose would favorably compare with an exhilarating buggy ride facing a gentle and refreshing breeze. That the admixture of nitrous oxide or an addition of a certain quantity of oxygen may give additional vigor or a pleasurable sensation to certain patients suffering from disorders of the air passages, we should think not unlikely, but even that we should expect to be inferior to the pure air; but that air from the room occupied as an office or the room occupied by the patient and simply increased by a quarter of a pound pressure can produce benefits sufficient to justify a physician in occupying his own time and that of his patient with it is very questionable.

EIGHTY POUNDS OF BROMIDE OF POTASSIUM IN FIVE YEARS.—A. Hughes Bennet narrates a case of an epileptic, now thirty years of age; who has suffered from infancy and during the past five years has, without unpleasant symptoms, taken more than eighty pounds of bromide of potassium.

Specimen of Stomach From Case of Poisoning by "Rough on Rats."—The following, from the advance sheet we think of the Amer. Practitioner, will serve to guide any one called to attend a case of poisoning from "Rough on Rats." Dr. Willard presented, for Dr. F. W. Coover, of Harrisburg, Pa., a specimen, with the following history: The individual from whom the specimen was taken, was last seen in health between one and two o'clock, Saturday morning, May 3, 1883. About seven o'clock A. M., she was found in an unconscious condition, with two gas-burners in the room unlighted and turned on. On the floor and sofa beside her was some material that had evidently been thrown off from the stomach. I saw her at seven and a half o'clock. She had been carried to her room, and was lying on her back in bed, her body extended full length. She was unconscious, and could not be roused. She threw her hands around, and pressed them over the abdomen. There was no spasmodic rigidity of the upper or lower extremities; she made no resistance when firm pressure was made over the stomach. Extreme pallor of face and upper lip. Mucous membrane of lower lip red and angry-looking. Pupils widely dilated, and not responsive to light. Eyeballs slightly congested. Feeble pulse—about eighty per minute. Respiration increased to thirty per minute. An involuntary discharge from the bowels had occurred. An emetic of sulphate of zinc was administered by the mouth, with but little difficulty, which was followed in a few minutes by free vomiting of a pint or more of slightly colored liquid, mixed with ropy mucus. The white of eggs, milk and whisky was given soon afterwards and retained. After the emetic had operated, there was no retching or vomiting. About noon, some movements were noticed that indicated returning consciousness, but her symptoms showed increasing heart-failure. She would roll from side to side, and restlessness increased. She would slide down in bed. She had more discharges from the bowels, but no urine was voided. By two o'clock, she became conscious, and answered all questions intelligently. She told me she had taken a teaspoonful of "Rough on Rats," dissolved in tea, shortly after midnight. That soon after taking it, she vomited, and from that time she had no recollection of what had since occurred. She complained of no pain, except dryness of the throat, which annoyed her greatly. She felt weak and sleepy, but wanted to get well, and took what was given her cheerfully. The stupor, however, increased, and she died comatose, without any convulsions or struggling, about fifteen hours after having taken the fatal dose. The post-mortem was made about fourteen hours after death. The body was that of a well-developed female, about twenty-three years old, weighing one hundred and forty pounds; rigor mortis well marked; all organs, thoracic and abdominal, healthy. Stomach removed, and contained about a pint of liquid, which appeared to be milk, eggs and whisky. The mucous membrane of the stomach was highly inflamed, particularly around the cardiac orifice, portions of it seeming to be detached. The small intestines were distended with gas, the mucous membrane having more than its usual color. The colon and rectum were collapsed and empty. The bladder likewise was empty.

Note on Cocaine.—Although we have long since been surfeited with articles on cocaine, the following by Henry Maclagan, from the American Druggist, is of interest. The drug is of very great value, and if any of our chemists can modify its price or furnish us an artificially prepared product capable of doing similar service there will evidently be a mutual advantage.

"While engaged in the manufacture of the alkaloid cocaine, I have recently made a somewhat singular discovery which may possibly lead to some good results. I have found that the alkaloid is, under certain conditions, changed into benzoic acid and some other substance or substances, not yet determined, but among which, I think, is propylamine. If a little of the alkaloid cocaine is dissolved in alcohol, and a strong solution

of soda or potassa added, the odor of benzoic acid is quickly perceptible. This odor, however, disappears somewhat after a short time, owing, I suppose, to the formation of a benzoate of the alkali. If now a little water is added and the alcohol driven off by a gentle heat, the addition of an acid in excess causes a light, pearly precipitate (provided not too much water had been added), having the odor and chemical characteristics of benzoic acid. The mother liquid no longer gives evidence of the presence of an alkaloid when tested with potassium iodohydrargyrate.

Perhaps this may explain the failure of many attempts to extract the alkaloid by means of ether, in presence of soda or potassa, since the ether nearly always contains more or less alcohol. Ammonia seems to have no action, and therefore should always be used in preference to the fixed alkalies.

It is stated by Lossen and Wœhler (see Proc. Amer. Pharm. Assoc., 1878, 765; Am. Journ. Pharm., 1884, 34) that cocaine, when heated with hydrochloric acid, splits up into benzoic acid and certain other substances. In a few preliminary trials made with a view to verify this statement, I could obtain no benzoic acid, which appears to show that there are certain conditions, at least, under which the decomposition does not take place."

Congenital Phimosis.—Dr. H. G. Wetherill of Trenton in the Boston Med. and Surg. Jour. adds his testimony to show the importance of looking after the condition of the prepuce. He thus writes: A very long prepuce, even free from constriction, I should regard as a malformation and advise its amputation. It interferes with cleanliness and induces sexual orgasm in very young children, attracting attention to the penis at a time when they should know it simply as a urinary appendage, without other function, and is doubtless instrumental in making onanists.

Echeverria, in his famous work on epilepsy, says: "Congenital phimosis, in the case of males, renders them specially prone to onanism. This malformation is not necessarily incompatible with health, though it may become a frequent source of troublesome local and general derangement."

Althaus, in an article in The Lancet of February 16, 1867, upon "The relation of phimosis to epilepsy," speaks of meeting with the malformation in eleven out of twenty-five consecutive male cases of epilepsy admitted at the London Infirmary for Epileptics and Paralytics (nearly 40 per cent).

Echeverria did not find so great a proportion, and in my own investigations among the epileptics in the New Jersey State Lunatic Asylum a smaller proportion was also found (36.5 per cent).

Thirty-three male epileptics are at present (July 3,) in the institution, and out of that number twelvewere found to have phymosis and ten elongated foreskins to an extent which might be mischievous. Twenty-one of these men are known to be, or admit having been, habitual onanists, and the actual number addicted to the habit is probably much larger.

It would not be proper to infer that this habit has, in all these cases, arisen from the malformation, for no doubt in some cases the elongation may have been induced by a long continuance of the practice, and in the same way we know it to be true that the practice is often a result of mental disturbance and consequent abandon. Still in many of these cases we know that the phymosis is congenital and responsible wholly, or in part, for the vice.

As to the potency of masturbation in the induction of mental derangement and causation of epilepsy, we have many celebrated authorities who set forth in their strongest possible words the great influence they believe it to have in causing them. Marshall Hall, Brown-Séquard Van der Kolk, Echeverria, Maudsley, and Sheppard, agree that "epileptic attacks, like every reflex or direct action of the spinal system, are always excited"; "that epileptiform convulsions may be constant consequences of slight irritations upon certain nerves," and that specially is a continued spinal irritation (like that present in the class of cases we are considering) likely

to be followed by the kinds of disease now common in our overcrowded asylums and homes for the feeble-minded.

There is a peculiar form of melancholia common in asylums, and recognized and described by nearly all authorities upon psychology, which has its origin in a long-continued habit of masturbating. In looking into the matter as bearing upon this question of phymosis, I find the greater number of such cases with which I have met have either a complete phymosis, or such a long prepuce, as in my judgment may have interfered in early youth with cleanliness, physical and moral.

The solitary vice soon leads to a desire to be left alone at all times; the victim becomes depressed, and, as Van der Kolk says: "In a word, the depressed tone of mind here passes over into religious melancholia; all afflictions have a religious color." "This peculiarity I have so often and constantly noticed that I venture to express my conviction that we should rarely err if in a case of religious melancholy we assumed the sexual apparatus to be implicated, either through onanism or through other causes."

In examining the works of many of the best authors of the later days, I find more or less a common expression of opinion in relation to this matter, which my own experience verifies, as it is in general about this: That many forms of mental derangement from mania to dementia may be caused by habitual onanism, and that a large proportion of the epileptic and melancholiac cases we find in our asylums are results of some sexual irregularities.

That phimosis (or great elongation of the prepuce even) induces a desire to onanize, I regard as proven and axiomatic; so we can easily trace many of these various maladies to a very easily avoided cause."

The Spinal Cord at the Region of the Fourth and Fifth Dorsal Vertebræ.—The following practical and interesting extract by Dr. A. Harking is from the Lancet of July 12, 1884, (Braithwaite):

"For many years, and soon after my introduction into practice, I had invariably observed in every case of hysteria, chorea, neuralgia, facial paralysis, and other neuroses in females, the co-existence of pronounced spinal tenderness on pressure over the fourth or fifth, more frequently the fourth and fifth, dorsal vertebræ; with this practical result, the almost invariable and rapid cure of those maladies by remedies applied over these vertebræ alone. At first I regarded these manifestations as attributable to the peculiarity of the female constitution, its sensitive nervous system, its proclivity to emotional influences, and its general structural excitability; but, soon after recognizing a similar condition of the spinal column in males so affected, I perceived that it was not referable to the female habit of body alone, but to localized lesions of distinctive character common to either sex, which in the absence of more technical nomenclature might be considered as a form of so-called "spinal irritation." Still further observation elicited the extraordinary fact that this local spinal peculiarity, which at first I had looked upon as a morbid symptom and the heritage of enfeebled constitutions, was in reality the normal condition of every healthy individual as well, of every age and class.

Of 300 men between twenty-one and sixty-five years of age, members of the Royal Irish Constabulary, equal in physical development to any men in a regiment of the line, and under my professional care, whose vertebral columns I examined at various times, every man shrank with an expression of pain when similarly tapped over the fourth or fifth dorsal, the great majority over the fifth, some on the fourth and fifth, the remainder on the fourth only, and, like the other classes examined, exhibited no signs of pain or inconvenience when the remainder of the spinal column was similarly examined. Of the existence of this limited zone of spinal hyperesthesia in the healthy subject, any one may satisfy himself by tapping sharply over the dorsal spines of a friend, when the phenomena I have noted will at once become

evident; or, if still doubtful, he can experience in his own person its reality, through the instrumentality of another; but the knuckles or the percussion hammer must be made to strike the spinous processes vertically and not at an obtuse angle, or in a careless or perfunctory manner, as otherwise disappointment is likely to result. The pain experienced over these sensitive points is peculiar; some compare it to an electric shock diffused over the chest and arms, others liken it to a tingling sensation caused by a knock upon the ulnar nerve at the bend of the elbow, and all declare that is of a most disagreeable nature. It is evident that the constant presence in the healthy and the delicate constitution of this latent form of spinal hyperesthesia must, to a great extent, affect the teaching of those writers upon spinal pathology who regard tenderness on pressure upon the vertebral column between the shoulders as a pathognomonic sign of spinal disorder. It had been for many years regarded as such by myself; but the fact of so many painful affections having been thoroughly cured by counter-irritation over this spot made the conclusions appear to me as absolutely certain; yet I was mistaken, for, paradoxical as it may appear, although counter-irritation in this place rapidly removed the complaint, yet when the raw surface healed up and the cure was complete, the original spinal tenderness remained as pronounced as at first.

Among the ailments which yielded so rapidly to the counter-irritant treatment were trigeminal neuralgia, facial paralysis (Bell's), acute hysteria,dysmenorrhea,the reflex vomiting,the ueuralgic toothache and the pruritis pudendi of pregnancy, gastralgia and other neuroses; and when vesication was the method adopted I was generally able to assure the invalid that in five hours, coincident with the formation of the blister, all painful symptoms would permanently take their departure. By neuralgia I mean the typical disease of remittent character generally, but not always, departing at night, to recur at the same hour every morning, or vice versa, and not that hybrid ailment, principally rheumatic, so often miscalled; chorea has almost always yielded to this plan of treatment, with some important exceptions, including the chorea of pregnancy, and that form depending on organic cardiac disease. The dysmenorrhea of neuralgic type yields readily, and I have not once failed for many years by a single vesication over these vertebræ to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache, and the pruritis pudendi of the puerperal condition, yielded as readily, and to one application.

In our present imperfect knowledge of spinal pathology, it is not easy to explain how it is that remedies applied solely to this limited area of the spinal column can control and cure disease located in the periphery and in distant organs. I have failed to obtain any proof that any fibrillary connection can subsist between the dorsal cord or nerves and those conducting motor or sensory power to the organs under consideration. There is nothing peculiar in the structure or dimensions of the cord at the mid-dorsal region save that it is narrower and more compact than in other parts of the neural axis."

Eruption Caused by the External Application of Iodoform.—In the Deutsche Med. Wochenscrift (Jour. Cutan. and Ven. Dis.), Neisser states that he has observed, within a brief period, seven or eight instances in which the external employment of iodoform has occasioned an erythematous affection, characterized by the formation of small vesicles, and bearing a close resemblance to acute eczema.

The applications were followed in a few hours by a deep redness of the surfaces acted on, gradually fading towards its edges, and accompanied by violent burning itching. Soon after, vesicles filled with a clear fluid made their appearance, to be converted—according to their localities, and the accidents (as scratching, friction of the clothing, etc.,) which befel them—either into moist, crusty

elevations, or circumscribed pustular patches of an impetiginous character. The degree of development attained by the complaint depended, of course, upon the duration of the drug-action and the frequency of its repetition. The extent of surface affected, rather than the severity of the local manifestations, appeared to be chiefly influenced by these circumstances; even a single application sufficed to evoke the morbid process in all its intensity.

The disease in question, therefore, may be defined as an acute dermatitis, or, more precisely, as a specific medicinal exanthem, in whose production a constitutional predisposition, or an inborn idiosyncrasy, is largely concerned.

The same results were found to follow, without important modification, from the use of every kind of iodoform, and whatever chemical impurities the article might contain. The mode in which it was applied—whether as a powder or an ointment, in solutions of ether or collodion—was equally a matter of indifference. It was enough for this purpose if the smallest trace of iodoform was present with the vehicle. Yet no such effects were produced, even in the most susceptible subjects, by the internal administration of the drug.

This iodoform eruption may in most respects be likened to the mercurial eczema which affects some persons after inunctions with ung. cinereum or ung. precipit. alb. On the other hand, it differs essentially from those cutaneous inflammations which so frequently result from the use of carbolic acid or corrosive sublimate as a dressing for wounds. These latter phenomena are, for the most part, entirely local; they show no tendency to rapid peripheral extension, and, above all, no peculiar predisposition on the part of the skin is required for their production. The iodoform affection possesses no special features by which it can be recognized at once without a knowledge of its exciting cause. Bnt I believe it to be quite important in practice that the physician should be able to diagnosticate it promptly. Two of my patients had suffered for years from a tormenting eczema of the anus and perineum—not the chronic form of eczema with infiltration, but a frequently returning and peculiarly obstinate acute eruption. In both, the disease had been caused by the use of iodoform suppositories for the relief of rectal disorders. This fact being ascertained, their sufferings were easily ended. In two cases of females, similar eruptions broke out over the inner surface of the thighs, whenever iodoform had been applied to the vaginal orifice.

The worst case I have yet met with was that of a respected colleague and fellow-townsman. For many years this gentleman was afflicted with a chronic urticaria, whose frequent visitations though sufficently annoying, could yet be endured with patience. But to this was added, some months ago, an extensive eczemateous eruption, the cause of which, and of its continual recurrence, we were wholly unable to discover, until, while treating an accidental injury to his foot, we found that our patient possessed an idiosyncrasy for iodoform, and that his more recent trouble was solely due to the direct action of that drug. Since, he has avoided all contact with the obnoxious remedy, and his "eczema" has completely disappeared.

In the treatment of this complaint we rely principally upon cold fomentations, with a five-per-cent solution of acetate of alumina, or washings with two-per-cent carbol-spirits followed by sprinkling powders. Of course, the patient must have nothing more to do with iodoform.

Iodoform Poisoning.—Mr. J. P. Hayes in the Dublin Medical Journal thus concludes an article on iodoform poisoning:

With regard to real poisoning or intoxication, the statistics of Koenig extend over 32 cases—19 men and 13 women—the majority of serious and fatal cases occurring amongst patients beyond the age of fifty years.

Koenig distinguishes two principal forms of intoxication—the light form and the grave.

In the light form the patients experience anorexia, headache, loss of memory; they appear morose or even delirious,cry without reason,and seem fearful of being persecuted. The pulse becomes enormously accelerated—the temperature perhaps slightly elevated. Symptoms subside within a few days, recovery taking place. In the grave form hallucinations of variable nature occur; sometimes delirium assumes a furious character, or the patient becomes terror-stricken, and may even exhibit a disposition to commit suicide. Food is refused; urinary secretion becomes scanty; the pulse is rapid; the temperature rises to perhaps 104° F.; the dênouement is almost always fatal, the patient dying in a state of coma.

Young subjects generally present symptoms resembling those of meningitis, but usually without elevation of temperature.

Koenig and Aschenbrandt have, like Martin, observed, at post mortem examinations, evidences of iodoform pneumonia.

I think few surgeons will be found to oppose the recommendations of Martin and Veliaminoff, that iodoform should, in all cases where its use is indicated, be applied in small quantity; that especial caution should attend its use when much adipose tissue is exposed, and when the wound is extensive; that its employment is more or less contraindicated by advanced age, tendency to fatty degenerations, diseased condition of heart and lungs, and when there exists a susceptible condition of the nerve centres.

Treatment of Nasal Polypi.—Dr. Richardson in the Asclepiad recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.

New Mode of Localizing Bullets.—In the Transactions of the Vt. Med. Soc., Dr. S. J. Allen (Med. and Surg. Rep.) says.

"Perhaps I may be pardoned if I say, that during the four years of the war I served in the field one year as surgeon of a regiment, two years as surgeon-in-chief of a division, and last year as medical inspector of the Sixth Corps, and must have seen and examined, if not treated, many gun-shot wounds. In all I have examined, be they more or less in number, I never localized a dozen bullets with a probe.

"In nearly all not localized by the finger or sense of touch, I succeeded in fixing with certainty their exact location by the use of the exploring needle.

"I claim that if the bullet did not enter either of the cavities of the body, but lies anywhere in the periphery among the muscles, or other tissues exterior to them, the exploring needle, in the hands of the surgeon, will, by puncturing a reasonable number of times, hit the ball, and convey the intelligence of its exact location.

"Had the exploring needle been used in the case of our late President, the 'encysted wad of pus in the right iliac region' would have been punctured without appreciable resistance,and his surgeons saved the Blissful diagnotic error contained in several of their bulletins, which located the fatal bullet at that exact point with absolute certainty.

'A serviceable instrument for this purpose will be found in the smallest sized exploring needle, with which, all will admit, it is quite safe and comparatively painless to make the puncture.

"It is not unusual to puncture not only the

peritoneal cavity, the pleural cavity, and the bladder, but the intestines, and the pericardium, and seldom has harm resulted.

"The probe should be used only to determine the direction the ball took from its points of entrance, and to ascertain if it entered a cavity. Here, I claim, its usefulness ends and if further used does harm.

"The surgeon almost always has an impression, after an examination, that the ball lies at a certain point. To test this impression, push the exploring needle from the surface directly down to this point. If it does not hit the resisting bullet, try at the next most likely point. If not successful try again. The bullet can be localized in this way many times where all others fail. When the needle hits the ball, the surgeon will make the counter incision for its extraction with perfect confidence.

"Supposing that the bullet lies in close proximity to a bone, or is flattened upon a bone, by using a little more force, the point of the needle will be made to penetrate the ball slightly, and will stick a little, and thus convey to the surgeon's hand a sensible difference between bone and lead."

New Modificaton in the Antiseptic Dressing.—The American Medical Digest abstracts from the Wiener Med. Wochenschr. and the Therap. Gaz., as follows:

Since Lister published his observations on antiseptic dressings, the method has come into universal use, not only by the surgeon, but by the practitioner of general medicine. It is, however, not so much the exact method of Lister that surgeons have carried out, as the principles, such as prevention of infection, careful disinfection, drainage for the secretions, and the careful arrest of hemorrhage before the wound is closed. If these principles are not properly carried out, it matters little how many layers of gauze and bandage are put around the wound. The reformation was made largely by Bardeleben, and at the present time nearly every surgeon has modified the dressing to suit himself on the case in hand. With some the spray is still retained. Lister himself did not adhere to the method he first advocated.

The spray apparatus has nearly disappeared, although with some it is used before the operation on the region to be operated upon. The catgut ligature is not employed a great deal, most surgeons preferring Czerny's disinfected silk, which is preserved in a 5 per cent solution of carbolic acid. Billroth used a combination of iodoform and carbolic acid as a dressing. Instruments and drainage tubes are soaked in a 3 per cent solution, and the wound is washed with a solution of the same strength. The next step is to put on a few layers of iodoform gauze, and finally carbolized gauze; over all this a layer of "Billroth's batist;" the whole is enveloped in absorbent cotton. The therapeutic result of this dressing need scarcely be pointed out. Albert makes use of nearly the same dressing. Mosetig uses iodoform exclusively as a dressing. Wounds of cavities are filled with iodoform powder. Toxic symptoms have until now not been noticed at this clinic. Hofmokl is employing the sublimate dressing, of which little can be said as yet.

Now, I wish briefly to call attention to the method employed at the Garrison Hospital No. 1. In the largest number of cases carbolized gauze is used in operative wounds of the rectum, genitals and mouth; and in gunshot wounds iodoform gauze is taken. The carbolized we prepare ourselves by drawing the ordinary gauze through the following mixture: ℞. Resinæ, 1500.0; spiritus vini, 8000.0; acidi carboli, glycerine, aa., 500.0. M. The material is then dried and cut into suitable strips and preserved in tin boxes. The wound is irrigated with a 5 per cent. solution of carbolic acid, and silk ligatures are used. The sponges that are used during the operation are specially prepared before they come into contact with a wounded surface. The surgical clinic conducted by Schede, of Hamburg, is undoubtedly the largest institution of the kind in the world. It has 500 beds, and since it has become impossible for him to control this vast amount of material, he has appointed assistants, one for 200 beds,

receiving all the cases that are suspected, that are not aseptic such as phlegmonous abscesses, boils, etc. This department he seldom visits himself unless in more than ordinary cases. The remaining 300 beds are divided into three sections, of 100 beds each, under the direct supervision of an assistant. One of these sections is visited daily by Schede, so that he completes his rounds in three days. Carbolic acid is employed to disinfect the instruments. Aside from this a solution of sublimate is used for the hands, sponges, drains, ligatures, and for the irrigation of the wounds. The assistants claim that the finger nails are affected by this solution, 1: 1000, while the sponges become brown and rotten. The dressing is exclusively the sublimate, in ten per cent. solution.

The technicality of the dressing is a little different in every surgeon's practice, but we cannot refrain from calllng attention to the fact that so many cases are reported at present, especially where the sublimate solution is used, where the patient recovers without a reaction even, as Fillembaum mentions that he saw a series of ten cases of hip-joint resection by Schede in the ward at one time (all children) and that all recovered without any reaction. The room for operation is small but handy. Before each operation the steam-spray apparatus is in operation for some time (with a sublimate solution). After every operation the room is absolutely inundated with water completely flooding everything. Esmarch, at Kiel, whose name is known all over the world, employs a solution of chloride of sodium, 6:1000; does not use sponges during the operation. The instruments are all made out of one piece of metal; do not contain slides or catches, since all these rough points can carry contagion. Every patient put on the table for operation is stripped naked, only covered by a rubber cloth. E. uses decalcined bone-drainage tubes, which need not be removed since they are absorbed. The continuous suture is largely used, and the wound completely closed, and new openings made for drainage. The bandages are sprinkled with a solution of sublimate.

Bergman does not use sponges, but cotton saturated in the sublimate solution in little pledgets, which is also used to saturate the gauze for bandages.

Bardeleben combines carbolic acid and sublimate, but he still retains the use of sponges.

Volkmann employs carbolic acid exclusively for instruments, as an irrigant and to prepare the bandages. Until now there has not been a case of erysipelas reported caused by sublimate. Symptoms of intoxication can occur whether we use carbolic acid,iodoform, or sublimate, but in either instance the latter is more desirable.

To use "charpie" made from old linen, that has been worn for years and washed frequently as a dressing, as has been ordered to be used by the military hospitals of France, there cannot even be a claim to antisepsis in the principle.

CONTRIBUTIONS.

MALIGNANT DISEASE OF THE KIDNEY —WITH AUTOPSY.

[Read before the Philadelphia County Medical Society, January 28, 1885.

BY DR. EDWARD T. BRUEN.

The specimen under consideration was removed from a man aged 60, an inmate of the Philadelphia Hospital. The first symptom of his malady was noticed about six weeks before death. When admitted to my wards he complained of passing pure blood from the penis; otherwise the urine was physiological. He never suffered the least pain; no dullness could be detected in the lumbar region or in the right flank. There was moderate cachexia, indicating the possibility of malignant disease, but little loss of flesh. The hematuria continued almost uninterruptedly until death, prior to which malignant disease was confidently anticipated. The right kidney was found to be enlarged, weighing twelve ounces—about one-half its bulk was filled with malignant new forma-

tion situated on the anterior portion of the organ. Microscopic examination by the microscopist of the hospital determined it to be an alveolar sarcoma. The tumor was rich in blood-channels, and a part of the bulk of the tumor was entirely made up of clotted blood in a semi-organized condition.

According to Zenker, Schroeder, and others, tumors of the kidney frequently do not arise from the epithelial tissues of that organ. The connective tissue origin and character of these growths, and their richness in blood vessels, would assign many so-called carcinomata of the kidney to the group of sarcomata.

The prominent symptom during life was hematuria, yet in similar cases the condition of the urine is frequently absolutely negative. Ebstein (Ziemssen Cly), states that hematuria occurred only twenty-four times in fifty cases. Again, authorities unite that long intervals may elapse between the periods of hemorrhage. We can easily understand this, since the cavities of the tumor which contain the blood may not communicate with the collecting tubules even in cases of extensive disease, or the secretion of urine may be vicariously assumed by the other kidney.

I have even met with cases of abscess of the kidney with only an intermittent discharge of pus. We may assume, however, that causeless and painless hemorrhage from the genito-urinary tract is a very suspicious symptom, indicating malignant disease.

Paroxysms of pain may attend the passage of clots of blood through the ureter, quite resembling those of renal calculus.

The rule ordinarily given in hematuria is, that blood escaping from the neck of the bladder or urethra precedes the stream of urine, and whenever blood has accummulated in the bladder in considerable quantity, blood clots will be passed, but the urine first voided will be clear. In the case reported in this paper, pure blood was frequently passed almost unmixed with urine, so that the previously stated rules differentiating the cause of hematuria are of relative importance.

Paroxysmal hematuria can be recognized not only by its intermittent character, but by the abundance of the blood pigment, combined with the rarity of blood corpuscles. The color of the urine in this affection is said to be due to hemoglobin.

The hematuria of renal calculus can be recognized by exclusion only, unless renal colic with unilateral localized pain, or some characteristic sediment, be present; the total amount of urine may be diminished very decidedly, but not otherwise altered. Statements have been made by Heller, Moore, and others, that discharge of "flocculi of cancer tissue" may be found in the urine in this class of cases. The altered epithelium of the renal pelvis and ureters has, doubtless, been mistaken for cancer cells, because although certain combinations of cellular material may excite suspicion in connection with other symptoms, nothing definite can be asserted from an examination of the urine. Recently Dr. Julius Wolf (Deut. Med. Wochenschrift, Sept. 25) has stated that iodide of potassium is much less readily eliminated by the kidney during Bright's disease than in health, and recommends the use of four or five grains daily for diagnostic purposes. Some observations by a student of the University of Pennsylvania, Mr. Gregory Guiteras, have confirmed the view—the iodine being absent in the urine in cases of disease of the kidney—but was present in abundance in the saliva. At first sight the test might appear of service in malignant renal disease—but since malignant disease is usually a unilateral process, the test might indicate bilateral disease.

Primary malignant disease of the kidney is not always recognizable by percussion, as was illustrated by the present specimen. The bulk of the growth often projects anteriorly, since the lumbar tissues offer greater resistance. Careful percussion should be made over the lumbar and also the lateral regions; in the latter, percussion should include the space between the lower ribs and the crest of the ilium upward, or forwards towarde the navel. When tumors of the kidney ar very large, and especially when the disease has involved adjacent viscera, the formation may become recognizable anteriorly by palpation, as well as percussion.

These growths are usually adherent to the walls of the abdomen or surrounding parts, and thus become immovable. They may be round and smooth, or nodular and lobulated, frequently giving rise to a sense of fluctuation, or elasticity, on palpation. They are, therefore, liable to be mistaken for hydated tumors, and may be confounded with tumors of the liver. In case the growth is situated on the right side, the mistake is particularly possible, but the tumor will not rise or fall with the movements of the diaphragm, and the fingers of the hand can usually be introduced under the ribs on the right side.

These growths, when fluctuating, may indicate puncture with an aspirator as a deciding diagnostic measure, which has been practiced. In one recorded case a whitish-red mass of tissue was obtained, in

which the microscope showed a delicate connective tissue stroma, in which innumerable nuclei were imbedded, and the operation was followed by no bad results.

In renal tumors pain is a pressure symptom, and therefore may be present or absent in accordance with the size and situation of the growth. In malignant disease of the kidney, the cachexia usually noticed in such cases is a late symptom, and in cases of sarcomatous disease is never prominent. Malignant disease of the kidney is more frequent in the early and late periods of life, and is rare as a primary disease, but when present, the other kidney is usually unaffected, and it is very seldom accompanied by malignant disease of the lower urinary passages, whereas malignant disease of the testicle is often followed by renal carcinoma.

TRANSLATION.

THE DIAGNOSIS OF TYPHOID OR ENTERIC FEVER IN ITS EARLY STAGES.

By Prof. Hardy. (L'Union Medicale.)

TRANSLATED BY DR. GEO. RICHTER.

Gentlemen:—You have lately seen in our wards a number of patients who had elevated temperature and presented the general characteristics of what is usually termed "typhoid state."

Some of these cases could easily be diagnosed: the pink-colored lenticular spots revealed the typhoid fever at once. Others were more difficult to interpret and you have seen us hesitate more than once. It is about those latter cases that I intend to speak now.

In fact, whenever together with the general phenomena which constitute the habitual concomitants of the typhoid state there appear those roseolar spots the diagnosis is extremely simple. You have, so to say, the signature of the disease before your eyes.

But it is very different when the roseolar spots are not there, the more so, as we are nearly always uncertain about the first commencement of the disease. Is this the first period of the disease, before the appearance of the eruption? Or have we before us a secondary typhoid state due to some sickness of an entirely different nature?

Often the diagnosis must be left in doubt and in some cases it is impossible to arrive at a conclusion before the appearance of a symptom; still I believe that one may in a great number of cases make a diagnosis by a minute analysis of the general phenomena which are observed in the different apparatus, and I propose to discourse now about the diagnostic signs which will enable you to establish the existence of the disease even in its first period.

We must at once determine the first origin of the disease and herein you will meet great difficulties. The initiary chill is rarely noticeable; the weariness, the headache, the general malaise have no sufficiently distinct character to enable the patient to tell exactly the time of the first invasion.

I generally count the beginning of the typhoid fever from the moment when the patient is obliged to seek his bed. I think that in this way we never err more than one or two days.

When one can observe the first malaise, as will occasionally happen in private practice, one of the best elements for diagnosis is furnished by the study of the temperature. You see the thermometrical curve rise progressively with a series of regular oscillations, which you will never encounter in any other kind of fever. From the first day for instance the thermometer will rise in the evening to 38.5° (Centigrade), then it will fall again to 37.8° the next morning, to rise again to about 39.0°, at night, fall back to 38.4° or 38.5° on the morning, etc., finally reach the neighborhood of 40° on the fourth day. This gradual rise with slight morning remissions is characteristic for typhoid fever and permits its diagnosis before it is fully established. In other fevers the temperature reaches its maxium much faster.

But this is a means of diagnosis which we can utilize in the Hospital only rarely, except in relapses. Usually the patients arrive here several days after the beginning, when the fever has already attained its acme. In such cases we must examine the different apparatus and functions of the organisms, with great care, and then only is it possible, i. e., by combining a certain number of details which for themselves are unimportant, to diagnosticate typhoid fever before the appearance of the roseolar spots, which inaugurate the second week.

The appearance of typhoid fever patients deserves minute attention. From the first such a patient lies on his back; he is motionless and does not change his position.

The face is rather pale, the eyes brilliant and injected, the pupils dilated, the nose dry.

The facial eruption is inert, the physiognomy without expression. The patient is in-

different to his surroundings. He is generally serious, grave and preserves a severe aspect which nothing can make him change. Hardly ever will he smile; you will never see him laugh. I will tell you right here that I consider the appearance of gaiety, the laugh, as one of the good signs of convalescence.

When you speak to the patient, his answers are short, strictly limited to the question asked, he adds no explanations; the typhoid patient never speaks of his own accord; he avoids conversation, as he avoids movements, through inertia.

Just now, when I stopped with you at the bed of the sick woman in the room St. Anne, I was astonished at the clearness of her answers, at the persistence with which she narrated the different peculiarties of her disease voluntarily. This volubility does not belong to typhoid fever and it is one of the phenomena which make me doubt the existence of that disease in this particular case.

Still the intellect of the patient is unimpaired; he understands well what you say, is not delirious. Only at night he has some agitating dreams and utters incoherent phrases at times, but such phenomena cease on awakening.

Insomnia is an early symptom. Generally the sleep is entirely absent; often it is reduced to a simple slumber, interrupted by painful dreams,and the patient awakens tired, without the sense of relief which follows sleep in the normal state.

In the first days appear headache, which may vary in intensity and location; sometimes it is very violent, often it may also be simply a sensation of heaviness, of dullness. It is mostly frontal, sometimes occipital and radiates towards the posterior region of the head and extends to the neck, which is somewhat stiff. It is often associated with giddiness, vertigo, especially when the patient goes to stool.

The lack of appetite is almost absolute; even when the patient consents to eat, he refuses as soon as food is brought to him.

Vomiting is rare; it is only observed in the gastric form and it often comes on later.

The tongue is rarely dry during the period of which we are speaking now; it is moist, sticky, shows slight tremor and is covered with a whitish coating; its point and borders are red. There exists at the same time a diffuse redness of the pharynx and fauces, sometimes a true angina.

The abdomen is moderately distended, the patients do not complain of spontaneous pain, but pressure in the right iliac fossa is painful and often gurgling on pressure upon the coeal region is perceptible.

One may observe diarrhea from the beginning. It is rarely copious, it is missing often and sometimes only appears after giving a purgative. When it does exist it has from this moment a particular character; the stool is liquid, bilious, of a yellowish grey color, resembling pea-soup. On linen it leaves a peculiar salmon colored spot which you have observed. From the third or fourth day you can notice the swelling of the spleen; percussion of the splenic region reveals an area of dullness not present in the normal state.

Ordinarily there exists nothing particular in the respiratory apparatus during this time; yet one may at times hear some sibilant râles over the breast or back. Bleeding of the nose often ensues.

The heart presents no appreciable alteration.

But it is principally the examination of the temperature and of the pulse, and above all their comparative observation, which will make the diagnosis clear.

The fever is always intense; after the gradual rise at first the thermometrical curve oscillates around 40° (rectal temperature), presenting morning remissions of about half a degree. From the fourth to the eighth day the variations of the temperature are rather insignificant. But you must not forget that the thermic curve maintains an elevated point, and be careful about relatively low temperatures.

Last Thursday you saw at No.21 of the room St. Charles a man who had come in the night before with the general signs of a typhoid process; but in spite of this appearance the temperature, 38°, made us doubtful; and the examination of the patient revealed to us a distention of the bladder and retention of urine due to stricture of the urethra.

The catheter relieved the typhoid state promptly. They were uremic phenomena. That elevation of temperature is usually accompanied by a dry skin, which tends to increase the sensation of heat that you notice in putting your hand on the patient. Sometimes in the morning after a little sleep you will detect a slight perspiration, which quickly disappears.

I insist quite strictly on the characters of the pulse, which I think are too often negglected.

The pulse is rather full, resistant, sometimes dierotic, but not so often as is claimed.

The most important characteristic which we find on examination of the pulse is the very well marked disproportion between frequency of pulse and elevation of temperature.

While the thermic curve keeps at 40°, sometimes 40.5° and even 41°; the pulse hardly ever exceeds 84 or 92 beats per minute; it reaches at times 100, 110, but it exceeds rarely that, whatever the height of the thermometer may be.

Griesinger and Murchison in their excellent treatises about typhoid fever have observed 64 and even 60 and 56 pulsations, together with an elevated temperature, but they did not infer the full significance of that phenomenon.

For me this peculiarity is of extreme importance; you will never meet this in other fever nor in the secondary typhoid state. These diseases show always an exaggerated frequency of the pulse coinciding with the elevation of temperature. I have daily directed your attention to the disparity between pulse and temperature in typhoid fever and you have seen me more than once founding diagnoses in the first days of the disease upon this fact, that the thermometer would keep as high as 40° while the pulse would not go over 100 or 110 beats; and later the appearance of the eruption confirmed my conjectures.

I repeat to you, in its normal form, in its natural evolution, typhoid fever causes only small modifications in the frequency of the pulse. As soon as the latter increases in frequency you must look out for a complication, an anomalous progress of the disease. You must therefore put much more importance on the examination of the pulse than of the temperature; the state of the latter must not be neglected, but in the pulse you will find some good elements of the diagnosis, and during the whole course of the disease the pulse will give you the most trustworthy prognostic indications.

Along with these principal early characteristics of typhoid fever I will mention the "tache cérébrale, due to disturbances of vasomotor innervation and the "corde musculaire," due to a peculiar excitability of the voluntary muscles.

You get the tache cérébrale by quickly drawing a line over the abdomen with your finger nail. After a short time a very plain red line appears, which will last for two or three minutes or even longer. This phenomenon, which formerly was ascribed to tubercular meningitis (tache méningitique, Trousseau) belongs in reality to most of the so-called typhoid states and it is quite marked in typhoid fever.

The corde musculaire belongs more properly to typhoid fever.

If you grasp the biceps muscle between thumb and index finger and pinch it, as you would do to make a string vibrate, you will notice a contraction localized at the irritated point and followed by a hard prominent swelling, which will disappear after a few seconds.

I do not attach great importance to these details, but their existence added to the symptoms already mentioned may help to support the diagnosis. On closing, I desire to refer to the urine. The quantity of the urine is generally diminished; it varies between 600 and 1000 grammes in 24 hours.

Its color is somewhat lighter, and reminds one of the appearance of beef-soup, or rather turbid soup, not being clear ordinarily.

If you add nitric acid to a certain quantity of urine, you will plainly distinguish three different layers.

The lowest part of the liquid is colored brown by indican.

The middle part contains a disk of albumen, more or less broad, and the upper layer presents a disk of uric acid, separated from the albuminous layer by a clear zone.

The appearance of these three layers in the order just named is quite conclusive. One may confirm each of these details by a complete analysis.

It is sufficient to mix in a test tube two parts of hydrochloric acid with one part of urine, heat a little, add a small quantity of chloroform, shake, and in about a minute you will see at the bottom of the tube the chloroform coloring blue, the intensity of the color being in proportion to the quantity of indican.

Albumen and uric acid may be equally well demonstrated by the usual methods.

None of these substances considered alone would have any signficance, but their simultaneous presence will give a good support to a doubtful diagnosis.

Another analysis of the urine will reveal besides an increase of urea, an increase of uric acid (1 gramme to 1.50 instead of 0.50 to 0.75), a decrease of the chlorates (2, 4, 5 grammes instead of 8 or 10).

In consequence of the relative concentration the density of the urine is almost always increased.

Now, as I have stated before, what you must look for is less the prevalence of one or the other symptom than the union of the just named phenomena in a patient. And to give a résumé: if you meet a patient, who has no well determined local disease, has headache accompanied by giddiness, a tongue red on its borders and point, with a white coating, the spleen enlarged, diarrhea with iliac gurgling, elevated temperature with pulse of littel

frequency and on the part of the urine the triple reaction which I have shown, you may conclude, almost with certainty, that the case is one of typhoid fever, which diagnosis the further evolution of the disease will go to confirm.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting held Saturday, February 21, 1885. The President, Dr. Atwood, in the chair:

GASTRIC IRRITABILITY. EMETICS. HYSTERIA.

DR. OHMANN-DUMESNIL gave the history of a case which he had under treatment and in which acidity of the stomach and nausea manifested themselves. Antacids were prescribed, but the nausea persisted and vomiting set in. The patient being a married woman, pregnancy was suspected and remedies administered to allay vomiting. It continued, however, even small quantities of water not being retained. As she lived at some distance, she was referred to a physician in the neighborhood, in case any unexpected symptoms should occur. Last Saturday evening whilst standing over a tin-basin she felt something rising in her throat, uttered a cry and threw up a sausage-shaped body, about four inches in length and a little more than an inch in diameter, of a white color and covered with mucus. She thought it was a snake or some similar animal and, being inclined to be nervous, fainted. The mass was simply coagulated milk or cheese. From the shape it assumed it is probable that it was located in the pylorus or upper portion of the duodenum.

THE PRESIDENT had a similar experience with a man who was rheumatic and vomited for a week. He threw up a piece of casein about the size and shape of a boar's tusk.

DR. A. GREEN thought that the lump was not the cause of the vomiting, as it would have excited pain if lodged in the pylorus. It was probaby a process of fermentation which caused the whole trouble, and if an antiferment had been given the whole affair would have ceased.

DR. OHMANN-DUMESNIL remarked that the proper treatment was easily arrived at after the occurrence of the affair; but the symptoms were not sufficiently clear before the mass was expelled.

DR. BREMER thought that if post hoc advice was to be given, there was no doubt that it would have been better to administer an emetic. This reminded him of a sin of omission quite prevalent now—that of not giving emetics. The tendency is the other way now. It is considered old-fashioned except in the case of young children. He thought that a large number of obscure troubles of the stomach might be relieved in this manner, as also some forms of vomiting. To illustrate this he mentioned a case which he observed four or five months ago. He was called to see a lady who was supposed to have hystero-epilepsy. There was a periodical pain in the right hypochondrium, so violent at times that biliary calculi were suspected. The attacks came on about 11 o'clock. Enormous doses of quinine were given, she was treated for gastric catarrh; all to no avail. On examination all the viscera appeared to be normal. Over the site of pain a gurgling noise was heard, however, During an attack of peritonitis, caused by an operation, all the disagreeable symptoms had disappeared, but returned. She frequently vomited also.The diagnosis was made ofvisceal neurosis of the solar plexus perhaps, of obscure origin and calmative treatment was given. This relieved but did not stop the trouble. The patient became demoralized and having heard of the success of a tape-worm doctor and thinking that the gnawing in her stomach was due to this, in order to humor her whim she was given a dose of pelletierine with the appropriate after-treatment. She purged and vomited for two days. The remedy acted so violently that she thought her time had come. There was no tape-worm expelled but she was well and remained well. The speaker believed that if she had gone to a tape-worm doctor that he would have cured her and exhibited the tape-worm, besides. The lesson is this: if some one had given her an emetic she would have been cured long ago. He was firmly determined to make the next patient, affected in a similar manner, vomit. He had since then read of a case of obscure neurosis of the stomach also cured by a tape-worm remedy.

DR. DORSETT asked him how he accounted for the periodicity of the pain.

DR. BREMER answered that the hysterical element in the patient accounted for this. Hysteria is periodical, generally coming on in the evening. The convulsions came on the right side, the navel being drawn in. We cannot account for the periodicity, nobody can. There was no malaria in this case.

DR. DORSETT asked the question because he knows a patient that is situated in the same way. The hysteria dates back 12 years,

since a confinement. She has been treated by a number of physicians who make a specialty of nervous diseases. At 4 P. M. daily she has an intense pain in the abdomen and falls on the floor in a semi-comatose condition for about an hour.

Dr. Hurt supposed that the same causes that determined the periodicity in hysteria would cause the pain, The case related by Dr. Bremer reminded him of a case of hysteria in a young lady in which none of the usual remedies had any effect. It occurred to him that she had probably eaten something unwholesome and he accordingly administered a dose of ipecac. Although she vomited nothing but a little mucus, she had no more convulsions.

Dr. A. Green did not deny the fact that, in some cases of spontaneous vomiting, an emetic will do good; but in some cases it will do harm. He thought Dr. Bremer's case to be hysteria; and it was not so much the vomiting, as the fact that it was disagreeable, that produced the effect. When we have cases where pregnancy exists it would be dangerous to administer an emetic. He related a case of a lady attacked with alternate convulsions and vomiting, in whom abortion was feared. He thought the convulsions due to reflex action of the stomach caused by undigested food and fermentation .He prescribed small doses of morphia and sub-nitrate of bismuth. After one dose had been taken, there were no more convulsions or vomiting. The tenderness of the abdomen passed off and she left next day for home. An emetic here would have been dangerous.

Dr. Williams had an old lady patient who, from some cause or other, contracted iritis, non specific. It persisted for some days and was extremely painful. He treated it in the usual way without much relief, and she could get no ease except when given considerable doses of morphia. This was in summer. Going home one day, she ate an over-ripe California pear and was seized with a violent attack of cholera morbus. She had twenty-five or thirty operations during the night. By morning it had let up and in a day or two her iritis had disappeared. He presumed the effect on the iritis was the result of depletion, as the discharges were almost exclusively watery. It was doubtful whether a purgative would have had the same effect, as it would not have acted so violently.

Dr. Bremer said that from the time of Hippocrates up to comparatively a few years ago, purgation was the cure-all and our forefathers when in doubt commenced with a good purgative. He knew that many cases were cured by amateurs in medicine (quacks) in this way, when relief had not been obtained from regular physicians. A celebrated quack in Germany, who acquired a reputation for curing uterine diseases, when good gynecologists failed to relieve, did so by means of violent purgatives. Another one, a shoemaker, was called to see Napoleon III, who, by purging excessively, cured many cases reported as incurable. His reputation was gained by the administration of the decoction of senna.

Vaso-Motor Disturbances.

Dr. Love saw a case recently of a lady aged 55, who called a month ago complaining of cold feet, which was attributed to malaria and bad nutrition and prescribed for accordingly. He examined her thoroughly since then and up to two years ago she had always been in good health. She passed the climacteric nine years ago and thought that the present trouble was caused last summer by sitting out late in the night air. She complained of a cold feeling existing in the feet and limbs, together with an inability to warm them. He found her in a room the temperature of which was 85° F. Her limbs and feet were wrapped up in three or four thicknesses of flannel, as well as her arms and body, and over this shawls, nubias, etc., and even then she felt cold. This sensation existed to such a degree that it prevented her sleeping, and the coverings she had on, probably, provoked the immense amount of sweating which was present. Digestion, appetite, tongue, bowels, urine, etc., are normal. The heart beat, however, is quite slow. One of the fingers has dry death of the nail. No atheromatous condition could be detected. He thought it depended on a neurosis.

Dr. Bremer thought it a vaso-motor neurosis with complications. Anesthesia of the limbs was the obscure point. Anesthesia is the "dark continent" of medicine. Another peculiar circumstance is excessive sweating, which he regarded as a sympathetic vaso-motor disturbance. Some months ago he attended a gentleman who presented a clear case of vaso-motor disturbance; he complained in July and August of a constant, chilly sensation confined to one side of the body. It felt cold, and on the other side there was excessive sweating; besides this he was hypochondriac. At that time a diagnosis was made of spasm of the vaso constrictors. Galvanization restored warmth temporarily, and, in one month, permanently. The same means might act favorably in Dr. Love's case.

Dr. A. Green thought that cold might be not only subjective but objective. In Dr. Love's case it was only subjective. Probably if the lady took off all that superfluous clothing and took exercise she would sweat less and feel better. A person sitting in a warm room and perspiring freely feels chilly. Heat is lost by perspiring.

Dr. Love said that the woman would not wrap herself up if she did not feel cold. He had tried warm baths, followed by frictions with alcohol and water and a removal of the excessive clothing. The cold bath had also been tried but she had a feeling of cold under all conditions and circumstances.

Dr. Bremer regarded galvanism as curative in such cases; and that massage was a palliative. The efficacy of massage depends upon the skill of the operator. Much depends upon dexterity and many go to the originator of the method, Metzger, of Amsterdam, to learn. He has raised it to the dignity of a science. It is a specific branch which must be well studied and the way it is carried on here by most of the people is an unscientific one. Besides, it is difficult to determine in each case what kind of massage is to be employed.

Dr. Love thought that even unskillful massage has done much good, as the rubbing increases circulation and nutrition.

The President recently observed a case of complete vaso-motor disturbance. A commercial traveller at the hotel took compound cathartic pills, which failed to act. His intellect was undisturbed, he had no appetite and he desired his bowels to move. Examination revealed complete paralysis of the capillary circulation. He was blue, almost pulseless and the limbs and body cold. There was no pulse in the femoral artery but he expressed no feeling of pain or sickness. External heat was applied; he was given whisky by the mouth and hypodermically, digitalis and peptonized milk. In 48 hours, there was recurrence of warmth and the pulse was nearly normal. Forty-eight hours later all the symptoms recurred in a more aggravated form and he died. The temperature was normal, except at one time when it rose one degree.

Dr. Dorsett saw in a girl of 18, who had had diphtheria, a spot the size of a dime, not discolored, on the left shoulder—over the deltoid—which was extremely painful and tender. This was on the twenty-first day of the attack. There was no brachial pulse; the temperature was normal. Warm flaxseed poultices were applied to the arm, and in forty-eight hours, the condition disappeared. He concluded that there was embolism somewhere, but the girl is getting along very well.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, Feb. 16, 1885.

Dr. D. A. K. Steele, President; Dr. Liston H. Montgomery, Secretary.

Malignant Disease of the Thyroid Gland.

Dr. C. E. Webster read a report of a case of this rare disease. The patient was a woman about 60 years of age. Her general health was quite good. The enlargement in the neck was first noticed about one year before the first consultation. It commenced in one lobe of the thyroid, and rapidly extended to the adjacent glands and tissues of the neck. Rubbing with liniments appeared to relieve this swelling, but it never entirely disappeared, and at time of his first seeing the patient the gland had begun again to enlarge. Swallowing was difficult. The voice was husky although respiration was not impeded. The thyroid gland, larynx, trachea, and neighboring cervical glands formed an irregular doughy mass.

In the diagnosis of this case there were two possibilities to be considered: Tertiary syphilis and cancer of the thyroid. The history of progression of the disease from an enlargement of the thyroid and the fact that such an enlargement of this gland in people past middle life are almost invariably malignant, rendered the diagnoiss easy.

A short course of specific treatment and an observation of the steady progress of the disease confirmed the early diagnosis. The patient passed on to a gradual exacerbation of her difficulty and recently died of exhaustion. The microscopic appearance of this growth is sometimes peculiar, hardly differing from that of a benign tumor of the same organ. So that oftentimes in these cases, a positive diagnosis is difficult from a microscopical examination alone.

The reader then recited an instance in the service of the Massachusetts General Hospital where such a doubtful tumor proved itself to be malignant by its recurrence after excision. In that case the alveoli were lined with cuboid cells and filled with a homogeneous substance.

Dr. F. Carey inquired, by referring to the case which occurred at the Massachusetts General Hospital, if the alveoli were filled

with a homogeneous substance, where then were the cells situated?

Dr. E. J. Doering asked if removal of the gland by surgical procedure would have been justifiable in the author's case?

Dr. L. H. Montgomery inquired as to the dimensions of the growth of the tumor situated on the thyroid; also if it appeared to extend uniformly in all directions, and if the author had any idea as to the functions of the thyroid. Might not the thyroid be located for the purpose of protecting the trachea, or act as a sort of reservoir analogous to that of the spleen?

Dr. Webster replied in substance as follows: That the lumen of the alveoli were filled with a homogeneous substance, and the cells were arranged peripherally in the hospital case that he mentioned.

Regarding the case he presented in his report. At the time of first consultation the disease had progressed to such a stage that it would have been impossible to perform an operation successfully, as the deep tissues of the neck, including the esophagus, were involved in the growth. The time for an operation, therefore, would have been at the time the growth was first noticed. The size of the growth on the thyroid was as large as a hen's egg or half a hen's egg, and it extended in various directions, so that the tissues of the neck felt like a doughy mass, although the submaxillary glands were not involved in it. Regarding the functions of the thyroid gland he has no theory. It is a ductless gland the same as some others throughout the human system.

Tænia Solium in a Child Two Years of Age.

Dr. C. G. Davis read a report of a case occurring in a child two years old and exhibited about four inches of the worm, including the head. He was first called to see the child December 10 last, when it had not entirely, recovered from an attack of entero-colitis which it had suffered from throughout the summer and autumnal months. The child still had occasionally the usual symptoms of cholera infantum, such as vomiting, indigestion, diarrheal discharges, etc. Immediately the child was given a number of simple remedies with raw beef. This treatment seemed to act properly. In a little while portions of tænia began to appear in the discharges. The child was then given a half teaspoonful of the French preparation pelletierine and followed in an hour with twenty drops of tincture jalap and a tablespoonful of castor oil. This was followed by the expulsion of three or four yards of the worm, but the head was not found. The child was then carefully nursed and its general health looked after, when segments of the worm again appeared in the evacuations. A double dose of the of pelletierine was given. Tincture of jalap and castor oil as above stated was then administered, when seven or eight feet more of the worm was dislodged, including the head, which he then exhibited to the Society.

Dr. Doering stated that he had treated three children having tænia—one of which was nine years old, another four years of age, and a baby that was but six months old. The last case had been fed on raw beef whilst being sick with entero-colitis. He was surprised to hear of Dr. Davis' success with the remedies. He had himself practiced the same method of treatment and with larger doses of the pelletierine with but partial success only.

Hygroma Linguæ.

Under somewhat serious disadvantages, Dr. Josef Zeisler reported a congenital case of this rare disease, or bearing this title, which is under his care. Said he, it is a strange disease of the tongue that has occurred to Emma L——, who is now about nine years old. She has suffered from this trouble since her birth. The child is well nourished but her complexion is pale. Her face is asymmetrical to a considerable degree and its formation is very incommensurable in a number of respects. The right half of her face is much more developed in its muscular and osseous formation than the opposite side; no swollen submaxillary or cervical glands are present. Her tongue was described as having the following appearance: It is much thickened, the surface appears to consist of small vesicles. or cysts varying in size from a pin's head to that of a pea, lying by the side of each other in the form of mosaic pieces of work, or in tesselated shape. These cysts seem to contain a colloid mass and this condition affects the entire visible portion of the tongue, so that no intact mucous membrane can be seen. Over the middle of the tongue there extends a kind of cock's-comb, or carunculated excrescence, or crestate in form of the same appearance, but presenting a more papillary or warty resemblance. These crests are also found on the mucous membrane of the right cheek near the angle of the mouth. In handling or touching the tongue the surface imparts a sensation as if it consisted of oil globules or boiled sago. The movements of the organ as well as speech are not impeded, nor is the sense of taste in the least impaired. There are no spontaneous pains proceeding from it and pain arises only when strong compression is made upon her tongue,

or as the child says, when acid substances are taken. Relatives of the child report that its tongue was formerly much larger although it sometimes now appears to become edematous and then grow smaller again. Her parents and five brothers and sisters have always enjoyed good health, and are in a healthy condition at the present time.

The writer regards this disease from a pathological standpoint as a colloid degeneration of the mucous membrane of the tongue, but he could not classify it clinically, having never seen a similar case previously. A microscopical examination was not permitted to be made of any of the cysts or their contents. Galvano puncture was suggested as a remedy, which was also declined. Dr. E. Andrews, Dr. C. T. Parkes, Dr. J. N. Hyde and several other well-known physicians had seen this case, but could add nothing further of interest relative to it, nor to the treatment, as they had neither of them seen a similar case.

Dr. Dœring had seen this patient two years ago. The tongue then presented a "sago pudding" appearance and he presumed it still retained the same features; he further states that only two cases thus far have been reported in literature. It is probable that the child will be presented before the Society at afuture meeting.

Exhibition of the "Koch's Comma Bacillus."

Dr. L. L. McArthur addressed the Society and stated that Koch had devoted more time and study to the solution of the cholera problem than any other physician, and from the fact that he has so far established his theory over all opposing ones and successfully met all arguments, no little interest in the subject is felt by the people of this country, inasmuch as cholera may cross the ocean during the coming summer. The coma bacillus of Asiatic cholera is distinguished only when magnified about a thousand times (to 1600 times). They can be taken into the stomach with water, and although very few may be swallowed, their power of reproduction is so wonderful that in a day the victim will be suffering the agonies of a fully developed case. The disease, the speaker continued, is said to be the irritation in the stomach and alimentary tract caused by the presence of these parasites.

The water in the blood is lost, and if the disease is not checked or arrested, death ensues. The germs pass from the victim and by going through the sewers and down the rivers cause the disease and death to the people living along the streams. The germs may also be carried in the air or in the clothing. Moisture is an essential condition for their reproduction, or life. If they are placed in a warm, dry place, they will die within a few weeks time. Koch in his experiments carried this comma bacillus through forty cultivations or generations, and the last cultivation introduced into the stomach of a dog induced the disease and death resulted in three days. The bacillis exhibited were received from Koch's laboratory but a few days ago, and were sent by Dr. Odo Betz, Tübingen, Germany, to Dr. Dœring of this city, and are the first ever exhibited in Chicago. A number of the members participated in an informal discussion of cholera Asiatica and cholera Nostras, and the specimens were closely examined.

After which the Society adjourned.

MISSISSIPPI VALLEY SANITARY ASSOCIATION.

The executive committee of the Sanitary Council of the Mississippi Valley has fixed the date of the seventh annual meeting of the council for Tuesday, March 10, prox., and in the city of New Orleans. This is about a month earlier than its meetings are usually held, and the committee assigns as a reason for the change the probability of Asiatic cholera reappearing in the country, and the uncertainty concerning national legislation on public health matters. Invitations are extended to all state and local health authorities in the Valley, and to representatives of commercial and transportation interests.

TENNESSEE STATE MEDICAL SOCIETY.

Nashville, Tennessee, February 21, 1885. TheFifty second Annual Meeting of the Medical Society of the State of Tennessee will be held at Nashville, cemmencing the second Tuesday in April, and wil be in session three days, April 14, 15 and 16. The Society will be called to order on the 14th at 12 m., in the State Capitol.

The members are reminded that at the last meeting of the Society the initiation fee was fixed at $5.00, the assessment on members in attendance, $2.00; for those not present, entitling them to the Transactions, $1.00.

The volunteer plan in regard to papers succeeded so well last year, that it is hoped the members will show the same interest in the welfare and progress of the profession in Tennessee, and come prepared with papers and reports of cases of interest. Those con-

templating presenting papers are requested to notify the Secretary at an early day.

The American Medical Association meets in New Orleans April 28, and members of the profession who desire to attend that should attend this meeting, so as to be appointed delegates. The last meeting of the Society was the most successful ever held in the fifty-two years of its existence, and this one promises to be equally so. The railroads have granted special rates and some valuable essays and committee reports have been promised. C. C. Fite, Sec'y.

CORRESPONDENCE.

GOOD PHYSICIANS.

Mount Nebo, Pa., Feb. 10, 1885.

Editors Review: There is a great difference between a good physician and a bad one, but very much less between a good physician and none at all. This is founded upon a great truth, and one which human nature is very averse to accepting.

The demand is universal that something shall always be done, whenever the customary ease of our life-processes gives place to disease, that shall appear to be powerful to restore health again.

Equally universal is the expectation that physicians should be able at once to thoroughly divine the exact nature of any trouble that shall be brought to their notice, and that they ought always to be ready on the instant to tell what the matter is, and what is the very best thing to do for it.

The result of this is that whenever a physician is called to the sick, he is compelled to do something; the more skillful he is, the more comprehensive his knowledge of the infinite variety of manifestations of the same disease, or of the many different diseases which may have common symptoms, the less likely is he to be positive at first in his opinion as to the exact nature of the trouble with which he has to deal, and the less likely is he to resort immediately to active medication; the more ignorant he is, the more restricted his medical horizon, the more quickly and positively does he form an opinion, and the more actively does he proceed to attack the trouble which he believes to exist.

During the last hundred years physicians have been particularly interested in studying what is termed the natural history of diseases, that is, the course which diseases take when left to themselves without medical treatment.

The result of this study has been to demonstrate that, in most cases, the powers of nature are quite sufficient to effect a cure, if only nature is left alone; modern observation thus giving added force to the maxim of Hippocrates, uttered over two thousand three hundred years ago, that the first care of a physician should be to "do no harm."

We see now how it is that often the wisest physician may be he who does the least, and so exemplifies that it is true that in some cases there is very little difference between a good physician and none at all, beyond the power which the physician may have to save his patient from the officiousness of friends, ever ready to advise and suggest in matters of which they know the least.

The necessity which is imposed upon the doctors to give an opinion at sight often develops in them an ability in the line of evasive oracularity which would have made their fortunes in the days of the sooth-sayers, and priests of the oracles among the ancients. To seem to know everything while one is certain of nothing, and to seem to be doing something while in reality convinced of the propriety of doing nothing, are some of the absurdities which are yet required of their physicians by a credulous and exacting public.

In the golden age of the future it may be that pretense to supernatural knowledge of a disease will be esteemed a proof of an imposter, that an acknowldgement of uncertainty and a desire to wait for more distinct symptoms to develop before hazarding an opinion, will be esteemed as a proof of wisdom, and that resort to medicine of some kind for every derangement of bodily function will be esteemed a proof of dementia.

A. S. Reiter, M. D.

BOOK REVIEWS.

Diseases of the Urinary and Male Sexual Organs. By W. T. Belfield, M. D. Published by Wm. Wood & Co., constituting the October, 1884, number of Wood's Library of Standard Medical Authors.

This book is at the same time instructive and disappointing. Instructive in the compilation of a great number of practical points relative to the every day work of the practitioner and disappointing in the headings of many chapters the presence of such errors as uterus (p. 9.) for ureter, "Fig. 1," p. 95 without a figure and in a not infrequent lack of perspicuity. We are satisfied that few general practitioners can even glance over the book without enlarging their views relative to the various subjects discussed. That is especially the case relative to the study of the kidney with a view to operations. The same

may also be said relative to the bladder and the simple but important operation of catheterization. We are glad to see the question of cleanliness relative to the latter operation so clearly insisted on.

The book is divided really into two parts "The Diseases of the Urinary Organs," embracing the study of the urinary organs of both sexes; and "Diseases of the Male Sexual Organs." We are not by any means pleased with some of the headings adopted in the first part. For example, we have Chap. IX, Physiology of the Urine, and Chaps. X and XI, Pathology of the Urine. The urine is an effete product, it has no functions and consequently the terms physiology and pathology should be supplanted by some such phrase as Semiology of the Urine. Moreover after these two chapters come others on Albuminuria, Glycosuria, etc.

In the part devoted to the diseases of the male sexual organs we fail to find the question of stricture treated; and the question of phimosis is not handled at all.

We think the author takes too low as estimate of the profession as a whole when he says in his preface: "There is a generally admitted tendency in medical practice to regard diagnosis as a recognition of morbid symptoms only, to neglect an inquiry into the cause of the phenomena and hence to practice a routine treatment of symptoms rather than an individual treatment of patients."

When we spoke in the early part of the review of the compilation of a great number of practical points we did not mean to infer that the book was devoid of original observation. The reader will find such at frequent intervals and will not fail to recognize their practical bearing.

Malaria and Malarial Diseases. By Geo. M. Sternberg, M. D., F. R. M. S. Published by Wm. Wood & Co., New York. The July number of Wood's Library of Standard Medical Authors.

Dr. Sternberg is to be congratulated for the success which has attended his efforts to concentrate into a kind of focus the salient facts published on the subjects which be has chosen for the present volume. After the introduction, the first part is devoted to Definition, Mode of Infection or Intoxication (?); Conditions governing the Evolution and Dissemination of Malaria; Speculation and Researches Relative to the Nature of Malaria; General Effects of Malaria; Antidotes to Malarial Poisoning; Prophylaxis; Geographical Distribution. Second Part: Malarial Intermittent Fever; Continued Malarial Fevers; Hemorrhagic Malarial Fevers. Any one desiring information on the above subjects cannot afford to ignore the above book.

ITEMS.

—The Treatment of Stammering.—A correspondent in the Lancet writes that stammering may be cured by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jakey Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

— rofessor Gairdner thus describes the ideal physician:

1. He must be careful and accurate, and at the same time a keen and quick observer of nature.
2. He must be able to connect his isolated observations of fact by rapid, and at the same time trustworthy, processes of reasoning.
3. He must, in dealing with emergencies, endeavor to have always what the Greeks [and Dr. John Brown after them] called presence of mind.
4. He must, as a surgeon or accoucheur, have much deftness of manipulation—manual exterity, as we call it; or perhaps still better, ambi-dexterity.
5. He must treasure in his memory, and be constantly increasing from day to day, large stores of various reading in his own and other languages, in order that not only past observations, but also the vast field of scientific progress in its relation to his art, may be constantly before him, or t least freely accessible when wanted.
6. He must be able to write, at the very least, in his own language, with vigor, compactness, and lucidity.
7. He must have a soul above mere money-grubbing; must on no account degrade his profession into a trade: but must be, as far as is possible to human nature, the disinterested friend, the companion, the good genius, I had almost said, of all his patients.
8. For this reason, if for no other, he must in every case have in him the distinctive essence of what is called a gentleman; and if his practice is, or is ever to be, among what are called the upper classes, he must be a gentleman, not only in principle but in detail; not necessarily what is vulgarly and falsely often styled a fine gentleman, but a gentleman from outward manner as much as in the inner spirit.
9. He must be a man endowed with a deep sense of moral responsibility, so as to beget confidence and unfailing trust in him on the part of his fellow-men. Responsibility, therefore, to them in the first instance; but underlying that, and sustaining it as surely as the root and the stem sustain the flower—a deeper and more latent responsibility to him who is the source of all good, and, therefore, of all moral principle and moral responsibility whatever.—M. and S. Rep.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 10. CHICAGO AND ST. LOUIS, MARCH 7, 1885. TERMS: $3.50 A YEAR.

IRRIGATION OF THE STOMACH IN ILEUS.—Kussmaul has introduced a new method in the treatment of intestinal obstruction and reports four cases in which success followed the above-indicated simple practice after all other measures, such as the opium-treatment and the application of rectal injections, had proven of no avail. The favorable action of the washing-out of the stomach is due to the removal with the fluid, when it is withdrawn, of large quantities of fecal matter. Thus the intestine is unloaded, the peristaltic action quieted, nausea and vomiting arrested and the cleansed stomach rendered capable to retain nourishment. A large, soft stomach-tube is inserted and copious quantities of water so introduced. In one of Kussmaul's cases the obstruction was relieved after a single irrigation, that brought away five quarts of intestinal contents. In another case complete relief was secured after irrigation twice a day for 23 consecutive days.

In the Berl. Klin. Wochenschr. of Feb. 2, Prof Senator reports his experiences with the method. His first case was that of a young man, 22 years old, of good antecedents. Patient had been constipated at times in the half year previous. His evacutions, however, had become daily and regular until one night he was seized with colic pains. The following night hiccough and vomiting set in. No passage of the bowels ensued. On the fourth day a rectal injection was given; hard scybala came away with the clysma, but no spontaneous evacuation followed. On Oct. 14, seven days after the onset, the patient sought admission to the hospital; the retention of feces had been absolute all this time. Large enemata were administered in the knee-elbow position. No stool was effected. Feculent vomit set in and on the evening of the thirteenth day the collapse was profound; pulse 140; temperature subnormal; facies hippocratica. Laparotomy was considered imperative, but previous to this measure Kussmaul's procedure was tried. The stomach tube was readily introduced and a large quantity of water poured into the stomach. With the returning water came away, in addition, fully a quart of feces and mucus. Hiccough and vomiting ceased thereafter and the patient felt much better. Cognac, coffee and champagne were retained and the greater part of the night was passed in quiet slumber. Next morning a second irrigation was made, and one-half quart of feces, etc., came away. At 11 A. M., the same day a spontaneous alvine evacuation ensued. In the evening, a third irrigation was made, and at 8 P. M., another stool had followed. The stomach was washed out twice on each of the consecutive days and the peristaltic action of the bowels became well regulated. Food was relished, temperature gradually rose to a normal figure, pulse became stronger. The patient improved, so far as alvine evacuations were concerned, but soon passed into a febrile state, pain and localized dullness in the abdomen set in, a pleuritis developed and death ensued on Nov. 11, more than one month after the first beginning of the trouble. The autopsy showed chronic tubercular peritonitis, with adhesions that tied down the lower part of the ileum; about a pint of fetid purulent exudation in the right pleural cavity; chronic parenchymatous nephritis. The lungs were entirely free from tubercle.

In this case then the ileus had been entirely releived; the tubercular peritonitis precluded, however, the complete restoration of the patient.

The method, no doubt, will be made use of

by practitioners; it is simple and its incontestable efficacy is illustrated by the other cases Senator so treated. A second case of ileus was that of a lady that also had a pleuritic exudation of the left side. The obstruction was relieved by the irrigation.

A third case was that of a type-setter who had had no stool for one week, probably due to lead-poisoning. The stomach retained absolutely nothing; although no true fecal matter was vomited, the washing brought away some feces. Spontaneous stool soon followed after a number of irrigations had been made.

A fourth case, one of interstitial hepatitis and chronic peritonitis, had, after obstinate constipation, feculent vomiting for four days. The obstruction was entirely removed by irrigation and the recovery in this respect perfect.

Senator observed and treated two further cases and reports a palliative effect.

The observation of the foregoing cases then demonstrates that the irrigations may be palliative in all cases, and curative in those that present no insurmountable occlusion.

The palliative effects consist in the relief of the singultus and the feculent vomiting. To this end the method is a rational one and deserves preference to the usual mode of giving opiates, ice, etc. The irrigation not only cleans the stomach but also the upper intestine. It appears that in such conditions of obstruction the pylorus relaxes and the water introduced passes readily into the duodenum.

The directly curative effects Kussmaul explains as follows:

1. The removal of the stagnating intestinal contents relieves the distension of the upper sections of the intestine; the pressure within the abdominal cavity is thus materially reduced, and more room is afforded.

2. Thus the peristaltic action above the obstruction, that was violent and irregular, becomes normal and quiet.

3. The restoration of a normal peristaltic movement may accomplish relief in cases of twist or intussusception, i. e., cases in which the occlusion is not absolute.

Senator adds that when the stomach and the upper small intestine is much distended by irritating fluid and gaseous contents, the peristaltic action becomes paralyzed and the intestine relaxed. The removal of the fluid and gaseous contents, however, restores the normal conditions and normal peristaltic motion in the relieved intestine follows.

The Influence of Naphthalin on the Urine.—Rossbach writes in the Berl. Klin. Wochenschr., that after the internal exhibition of naphthalin a small amount of it appears in the urine as naphthalin or naphthol; and such urine remains clear for four or five weeks. Putrefactive and fermentative changes are completely arrested. In lighter cases of cystitis micro-organisms and sediment in the urine disappear after the drug has been taken for several days. In a severe case of tuberculosis of the urinary tracts a dose of 0.5 gramme per diem cleared up the urine completely. In grave cystitis the remedy has not proven so efficacious.

Osteomyelitis and Consecutive Purulent Pericarditis.—In the Prager Med. Wochenschrift Gussenbaur reports a case of acute osteomyelitis in a lad, 13 years old, localized in the right shoulder. The abscess was opened; the fever, however, continued and evidences of a pleuritis of the left side developed. A trial puncture made in the axillary line, fifth intercostal space, yielded pus and an incision of the thoracic cavity was resolved upon. The patient suddenly became cyanosed, collapsed, pulse rose to 160. On making the resection of the fifth rib it was discovered that also a purulent pericarditis existed. G. opened the pericardial sac and united it by sutures with the margins of the external wound. Thus a broad fistula was established through which the heart could be seen and palpated.

The patient rallied; the pericardinm was washed out with thymol. The fistula gradually closed and the recovery is perfect.

Treatment of Ozena.—According to the Practitioner the following is the formula employed by M. Vidal at the Hôpital St. Louis, in the treatment of ozena. Solution of chloride of zinc (5 per cent), 1 ounce; boracic acid, 14 grains; water, 28 ounces; ammonia, q. s. to neutralize the fluid. A little of this solution is snuffed up into the nostrils several times a day. M. Gorecki employs for the same purpose, and in the same way, a warm saturated solution of boracic acid. By means of one or other of these preparations the fetid odor may be destroyed, in most cases within a few days.

The Treatment of Sycosis.—Dr. H. v. Hebra recommends the modified Wilkinson's ointment as an excellent application in sycosis. (The formula is—

℞ Sulphur. sublimat.
Ol. Cadini, aa - - ʒ iv.
Saponis mollis.
Adipis, aa,- - - ℥ j.
Cretæ preparatæ, - ʒ ijss.
M. Ft. ungt.)

The hair on and around the affected part is cut short, and the scabs and crust removed by the application of any simple ointment. After twenty-four hours the affected part is soaped, shaved, and thoroughly brushed with the Wilkinson ointment. It is then covered with flannel and a bandage applied. The dressing is changed daily, and the ointment washed off and all the hairs which are surrounded by pustules are epilated and the pus squeezed out. This is continued so long as pustules form, but even in obstinate cases this ceases in about ten to fourteen days. In slighter cases there are no pustules after the first few days. The part is then shaved only when necessary for the proper application of the ointment. The tender scaling skin soon acquires, by the application of oxide of zinc ointment prepared with vaseline, its usual smoothness and appearance.

Nitro-Glycerine in Contracted Kidney.—In the Berlin Klin. Wochenschrift (Brit. Med. Jour.) Prof. Rossbach, of Jena, opposes the view that the cardiac hypertrophy and high-blood pressure met with in contracted kidney are compensatory, and that they account for the increased urine, for nitro-glycerine (like amyl nitrite and sodium nitrite), lowers the pressure till the pulse is of normal or even subnormal, softness, and yet the urine is not diminished in quantity, while the patients are much improved generally. Amyl and sodium nitrites act too rashly; nitro-glycerine, on the other hand, is perfectly tolerated after a few days of slight passing headache after each dose. Nitro-glycerine is declared to be "an excellent means for preserving life, and for combating severe symptoms" (edema, asthma, retinitis, etc). The dose is from half a milligramme to a milligramme ($\frac{1}{120}$ to $\frac{1}{60}$ of a grain, nearly); and about ten to fifteen doses a day are given. It is thus conveniently prepared. A weighed quantity is dissolved in ether, and the solution is mixed with a mixture of two parts of chocolate-powder and one of gum acacia. After allowing the ether to evaporate, the mixture is softened with water, and made into tablets containing the dose desired.

Knee-jerk in Diabetes.—The Lancet writes: The introduction of one new condition into any existing arrangement cannot take place without producing more than one alteration. The phenomenon of the knee-jerk which may practically be said to have been introduced into the sphere of clinical medicine during the past decade bears testimony to the above generalisation. The investigation of the condition of the knee-jerk may seem to some medical men a somewhat novel application of a reflex action. M. Bouchard made a distinct impression by his paper on the subject at the French Association for the Advancement of Sciece recently held at Blois. The presence or absence of the knee phenomenon in diabetes mellitus is said to possess much importance both from a prognostic and diagnostic point of view. Forty-seven cases observed during the last three years by M. Bouchard were found to have patellar tendon reflex, and of these cases

only two died, or about 4 per cent. Nineteen cases were collected in which the knee-jerk was absent, and of these six were fatal, or about 33 per cent.; the mortality in the latter group may have been still greater, since some of the number were lost sight of. M. Bouchard believes that the disappearance of the knee phenomenon in the course of diabetes indicates the entry into a grave and perilous state. It is perhaps lending too much value to the knee-jerk to say that the absence of it has given the cue to the diagnosis of diabetic coma; a statement to this effect may be found in the report from which we abstract our information on M. Bouchard's paper. An infant was found comatose with dry cracked lips and absolutely afebrile; none of its antecedents could be ascertained. The knee-jerk was absent and the coma resembled that met with in cases of intoxication, and of uremic or diabetic toxemia. There was the odor of acetone in the breath; some balano-posthitis and intense thirst. A washing from the child's underlinen reduced Fehling's solution. M. Bouchard thinks it necessary to state that the absence of the "tendon reflex" does not favor the nervous theory of diabetes.

Inunction of Mercury in Typhoid Fever.—Liebermeister has shown the striking influence of calomel given internally in cutting short typhiod fever. Dr. Kalb, of Thalmassing, now reports his treatment of one hundred cases by the inunction of mercury ointment (Berlin. Klin. Wochenschrift, Brit. Med. Jour). One gramme is rubbed into the abdomen on the first day fully half an hour; on the next day, over one thigh (inner aspect), on the third day, over the other thigh. The same course is repeated during the three following days. A few calomel and opium pills are given on the first day, and alcohol is given methodically. On the eighth day, two days after completing the inunction, the temperature falls to normal, or very near near it, and remains so, with very slight oscillations. Not only did Dr. Kalb find this method unfailing, but 80 per cent. of the cases were perfectly free from fever within ten days from the beginning of the inunction. Other patients in the same ward complained bitterly that they were not treated in the same manner. The spleen remains enlarged for about a fortnight after the fall of temperature, and the strictest care must be taken to keep the patients under observation during this time, for fear of a relapse. The treatment is only of value when adopted before the ninth or tenth day of illness, before roseola has appeared.

A Novel Mode of Treating Sciatica.—In the treatment of obstinate sciatica it is not infrequent that the actual cautery is resorted to. Debove recommends a new method which is said to act rapidly and effect a permanent cure. Debove employs as a revulsive intense cold and of such a degree that congelation of the integument ensues. He describes the method in the Gazette hebdomadaire, and mentions as the only drawback of the method that the freezing process may form an eschara; but such is also the case when the cautery is applied. D. uses methyl-chloride as an application and describes an apparatus that permits of localized application of the agent. The degree of cold caused by the evaporation is said to be —22°6″. The application is made along the track of the pain, if needed from the sacrum down to the malleolus. The skin congeals at once, becomes white and hard as stone. The patient complains of a burning pain, as in the employment of the actual cautery. Generally the line of congelation soon becomes red and warm; erythema and blisters usually develop a true eschara seldom.

Success attended the application in all cases, both recent and chronic, of rheumatic sciatica. The patients can walk right after the application. Debove is of the opinion that the method will prove acceptable in other neuralgias attended by intense pain.

Abortive Treatment of Diphtheria.—Dr. Coester contributes an article to the Berl. Klin. Wochenschr., Jan. 26, in which, based

on a report of sixty-nine cases of true diphtheria, he claims that calomel in round doses will abort diphtheria. He lost but one patient of the series and from his histories the cases were true ones and of grave character; quite a number of the patients subsequently had paresis of the muscles of deglutition, the vocal chords, and of one or more extremities. The exhibition of calomel was always followed by a reduction of temperature and an improvement of other alarming symptoms; the membranes soon became detached. As accessories to the treatment he recommends fomentations to the throat and neck and inhalation of lime-water spray.

The calomel treatment was also advocated by one Dr. Koszutzki recently. (Jahrb. f. Kinder. Heilk.) His method is as follows: He moistens the patches with a two and a half per cent solution of common table salt, the solution either being employed as a gargle, or, in the case of young children, as a spray. Immediately thereafter dry calomel is dusted into the pharynx with an insufflator. This is done but once or twice a day, and 0.2–0.4 (3–6 grs.) of calomel is so applied each time. A portion of the mild chloride is converted in loco into sublimate, the greater portion is swallowed.

The salt solution is used as spray or gargle every few hours thereafter. The results are reported to have been satisfactory.

Action of Caffeine in the Relief of Dropsical Symptoms.—Prof. James Stewart in the Canada Med. and Surg. Jour. writing on Caffeine says:

Given a case of asystolic from organic disease, we can rely on digitalis always (except in the very advanced cases of fibro-fatty degeneration) of doing good; but then we have often to wait three days before these results are obtained. Now, it is claimed for the new caffeine salts that they act with great rapidity; that, in the majority of cases, inside of six hours, they relieve the distressing subjective symptoms of cardio-paresis.

The following case, reported by Riegel, illustrates the usual action, according to him, of Tanret's salts of caffeine, when given in doses of about 20 grains in the 24 hours, in cases of heart-failure:

The patient, a man aged 50, was admitted into hospital suffering from great breathlessness and edema. There was physical evidence that the cause of these symptoms was regurgitation through the bicuspid and tricuspid orifices. The pulse was 120, and irregular; the urine contained albumen, its specific gravity was 1018, and its quantity did not exceed 300 c.cm. in the 24 hours. After a two days' rest, without any percepitble difference in his state, he was ordered 1.00 (15 grains) of the natro-benzoate of caffeine in the 24 hours. On the following day the urine had increased to 600 c.cm., and the patient expressed himself as feeling somewhat relieved. For the following day he was ordered 1.5 (23 grains) of the same salt, with the effect that the urine had increased to 2200 c.cm., and the pulse had fallen to 88 and ceased to be irregular. The patient could now sleep in the recumbent position, which previously he was quite unable to do. The drug was then intermitted for a few days with the result that the pulse rose to 116, the urine fell to 850 c.cm., and he was again compelled to sit up in bed. The same salt was again ordered, in the same dose, and on the day following the urine excreted amounted to 3000 c.cm. The pulse fell from 116 to 98. The discontinuance of the drug for a second time was followed by quickness and weakness of the pulse, increase of the dyspnea, and other subjective symptoms. The quantity of urine fell to 850 c.cm. The natro-cinnamate of caffeine was now administered in place of the natro-benzoate, and with very satisfactory results. The pulse fell from 108 to 88 within the first 24 hours, and the quantity of urine increased from 850 to 2000 c.cm. The patient expressed himself as feeling once more greatly relieved.

The most pronounced action of the caffeine salts in the case related was: 1. a very considerable increase in the quantity of urine, and 2. a slowing and steadying of the heart's movements. Prof. Riegel reports a number

of very similar cases, where the results were invariably very satisfactory. In only one instance did it fail to produce the wished-for effect, and that was in a case where it was combined with morphia. A subsequent administration without the latter drug was followed by an increase in the quantity of the urine and a slowing of the pulse. Binz has pointed out that there exists a marked antagonism between caffeine and narcotics, especially morphia. It is difficult to explain how this alleged antagonism is brought about. It is, however, well to remember the possibility of its occurrence when prescribing caffeine. It is extremely seldom that the occasion can arise for the administration of morphia or other direct narcotic to combat the sleeplessness frequently present, and due to a failing heart. The best treatment for this form of insomnia is not a narcotic, but a cardiac stimulant like caffeine or digitalis. In other words, the sleeplessness due to ruptured compensation is best treated by an agent that restores the compensation to its previous state. When using caffeine especially, it is unnecessary to prescribe a direct hypnotic, seeing that in a few hours one may attain a better and more permanent result, because we remove the cause of the trouble.

The actions and uses of caffeine, when used in the form of the recently introduced double salts, may be summed up as follows:

1. It strengthens, slows, and steadies a weak, fast and irregular heart.

2. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (*a*) raising the blood-pressure and (*b*) of stimulating the secreting structures of the kidneys.

3. It is of marked use in the same class of cases as digitalis. It differs, however, from this drug in the following particulars: (*a*) It is less powerful as a cardiac tonic; (*b*) It is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs when given singly could be brought about if caffeine was given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine we may get the advantages of both drugs with little of the disadvantages of either.

The dose of any of the double salts should not exceed 30 grains in the 24 hours, this quantity being equal to about 20 grains of the pure alkaloid. Usually half the above dose will answer all purposes. The double salts are prepared by Merck of Darmstadt, but have not, as yet, found their way to this side of the Atlantic. They, however, can be prepared extemporaneously. The following formula contains in each tablespoonful about 1.00 (15 grains) of caffeine:

℞ Caffeine - - 15.00 (gr. 225)
Benzoate of Soda, 15.00 (gr. 225)
Water, - - 250.00 (℥viij)

The doses of caffeine (2 or 3 grains) usually ordered are quite inadequate to act either as diuretics or cardiac tonics.

Hemoptysis.—In a case of hemoptysis as in every other affection it is always desirable to look around for the fundamental cause. If the physician is acquainted with the patient he may have made up his mind relative to it, and selects his remedies accordingly. If, however, as is frequently the case, the physician is called to a stranger it may be necessary to do something at once. Perhaps here, in the West, ergot would be one of the first things thought of. Dr. Seymour Taylor, according to Braithwaite's Retrospect, when speaking of the subject, says:

"I must confess that we have only a few drugs which we may really regard as controllers of pulmonary hemorrhage; but these few are really valuable. We too often overlook the clinical fact that in hemoptysis one of the most urgent conditions to treat is the great restlessness and mental disturbance of the sufferer. He is in a state of great excitement and alarm, a condition also imparted to his friends, and by them, as it were, reflected on the patient again. This point requires our skill and attention. We have at

our command a drug, opium (and its derivatives), which acts like a charm. So far as my experience goes it should not be given if administered internally with any other remedy likely to retard or interfere with its full action. Give it in such doses that its physiological effects are produced. If the hemorrhage be very profuse digitalis may be added, but also in large doses, such as fifteen minims to twenty minims of the tincture, till its specific action on the heart is manifest and the frequency of the pulse materially diminished. As a result the patient is calmed, his excited circulation controlled, and he falls into a much needed sleep. There is yet another method of administering the sedative—viz., by hypodermic injections; and I have found this plan most useful and efficacious. Four minims of the injectio morphiæ hypodermica are introduced into the subcutaneous tissue of the arm, or, as I have sometimes preferred, into the subcutaneous tissue of the chest immediately over the presumed seat of the hemorrhage, and repeated if requisite. The advantage of this method of exhibiting the remedy is its speedy action; the momentary and trivial discomfort of the operation is more than counterbalanced by the good results which ensue. Of the forty-seven cases the notes of which form the basis of my paper, eighteen were adult patients suffering from severe pulmonary hemorrhage occurring in the second or third stages of phthisis, and were treated by opium and digitalis internally or by morphia hypodermic injection, with good results in all. So far as I am able to judge of the effects of remedies the above method of treatment is happier in its immediate results than the administration of astringents and so-called styptics, which mainly affect the intestinal tract. Indeed, one of my chief desires in making this communication is to protest against the ordinary practice of prescribing drugs which probably do nothing more than produce a constipation, or the action of which on the circulatory system is more than open to doubt. There are, however, two other drugs which I have found extremely useful when opium is contra-indicated. I allude to oil of turpentine and the liquid extract of ergot. The former may be given by the mouth, the latter either by the mouth or by subcutaneous injection. I have seen excellent results from both in a few cases. The objection to turpentine is its nauseating effect,but its action in controlling hemorrhage is undoubted. My experience of ergot has not been extensive, but I found it a powerful remedy in four cases of severe and continued blood-spitting.

Local Action of Sulphurous Acid.—Dr. Ed. Woakes, of London, some short time ago, claimed to have obtained unusual advantage from the instillation of dilute sulphurous acid in cases of purulent inflammation of the middle ear, especially where it was associated with necrosed bone. Now, Dr. Herbert Collier, according to Braithwaithe's Retrospect, puts in a claim for it as a general local dressing. He says:

"Sulphurous acid has long been recognized as a valuable disinfectant and parasiticide, and has been in frequent use for most of the local skin affections connected with the presence of living organisms. Recognizing its powerfully destructive effects upon some forms of micro-organic life, it will not be difficult to conceive how its curative results may be produced in lupus vulgaris, if we assume that the bacillus associated with this disease exerts some distinct influence in keeping alive the obstinate ulceration (perhaps by preventing the formation of healthy granulations), but is incapable of existence, growth, or activity in the presence of sulphurous acid. Besides this germ destroying influence, sulphurous acid also exerts a powerfully stimulating action when applied to the surface of open wounds, and I have particularly noticed its excellent effects upon certain indolent ulcers which have resisted the influence of many other modes of treatment, including carbolic acid. In fact, my experience of its use, in these particular cases, compels me to consider that it is preferable to the latter in most forms of simple ulceration. It

is far less irritating and consequently may be employed where carbolic acid would certainly do harm. Its stimulating influence may account then, to some extent, for its beneficial effect in lupus vulgaris. In gonorrhea its effects, as an injection, are most happy, and I shall shortly publish the notes of 120 cases of this disease treated by its local employment. In the local employment of this remedial agent, it may be applied in the form of a lotion, or an oil, or in the gaseous state. The last mentioned modification is most useful, when its application is required to parts distant from the respiratory organs, and can readily be obtained by burning sulphur in a jar or open-mouthed bottle, and allowing the rising fumes free contact with the surface to be treated; the frequency and duration of these fumigations will mainly depend upon the progress made during its employment, but, as a rule, two applications daily, each for about twenty minutes, will be found sufficient to produce the healing effect of the remedy. The lotion is best obtained by the use of the pharmacopeial preparation of the acid, either alone, or diluted to relative strengths of one in two, one in three, or one in four; the last preparation is the weakest which should be employed. It is a clean, and simple mode of application, and can be applied to any part of the face without causing disagreeable effects; the great objection to its use being that it has to be constantly repeated, and evaporates much more quickly than when employed in the form of an oil. This last named method is my favorite form of applying the remedy. It is best made by dissolving the anhydrous acid (which may be procured at all druggists in the shape of a concentrated alcoholic solution) in castor or olive oil. I may state that I consider the former to be preferable as a vehicle, and it holds the acid in more complete solution, parts with it less readily, and forms a more perfect covering to the surface of the wound. The anhydrous acid mentioned in connection with the sulphurated oil, may also be employed proportionately diluted as a lotion.

Splenic Murmur in Intermittent Fever.—Maissurianz(St. Petersburg Med. Wochenschrift, Can. Med. and Surg. Jour.) describes a systolic murmur which he has heard over the region of the spleen in patients with acute intermittent. He explains the phenomen on the ground that it is probably due to dilatation of the splenic vessels following enlargement of the organ; it is also possible, he thinks, that the arteries may be subject to alternate contraction and dilatation, so that the blood meets with an obstruction in its flow through the spleen. The murmur is analogous to that sometimes heard in the uterine sinuses during pregnancy. The writer maintains that this condition has never before been described. He has noticed the murmur in eight cases, all of which were acute. In spleens which were affected with permanent or chronic enlargement he has never been able to detect it. He considers its presence a diagnostic sign of considerable importance, and implies that such cases are most benefited by a direct application of the interrupted current over the spleen.

Cancer of the Head of the Pancreas.—The remarkable strides which have of late been made in abdominal surgery renders the post-mortem reports of obscure cases of unusual interest. We are indebted to Dr. T. M. Rotch for a report read before the Boston Society for Medical Improvement of a case of the above named affection which during life was characterized rather by the absence of any well defined symptoms. The Doctor was first consulted on acount of "attacks of abdominal pain irregular in character and in time and coming without reference to eating or drinking." The patient was a man of exceptional method relative to habits of life and revealed no family history from which any hereditary disadvantage could be associted. There was, however, a history of persistent dyspepsia, constipation and "bilious attacks." The case was well observed, the feces examined for gall stones as these were symptoms pointing to that difficulty, and the urine several times examined by a com-

petent expert. To select from the report characteristics of the urine of importance we should say that the urine always gave trace of bile pigment; few renal epithelial cells, an occasional hyaline and granular cast, all the casts being of small size. The patient was a man fifty-seven years of age, who came under observation in August, and died December 17. The verdict of the autopsy was: Cancer of the pancreas involving the common duct and causing obstruction to the flow of bile. Secondary cancer of liver and lungs. General icterus. Edema of lungs. Parenchymatous degeneration of kidneys. Parenchymatous degeneration of heart.

Whooping Cough and Syphilis.—Mr. Luton, according to the Revue Médicale, was taking care of two children, brother and sister, both affected with the whooping cough. One day he observed on the lips and tongue of the little boy certain whitish-gray patches of a syphilitic appearance. He administered 0.002 of the bichloride daily. The cough diminished rapidly. Seeing such good results in the boy he gave a similar treatment to the sister with like gratifying results. In eight days the cough had lost its characteristic whoop.

Methyl Chloride in Neuralgia.—The French in the Soc. des Hôpiteaux have discussed the merits of the chloride of methyl in neuralgia; developing as far as we ean perceive no special advantage over the simpler, cheaper and less dangerous compounds.

Electricity in Intestinal Occlusion.—M. Boudet de Pâris considers the electrical treatment for intestinal occlusion counter-indicated where there is cardiac weakness. He claims a success of 72 per cent of cases of occlusion treated by means of the galvanic current. Statistics of this kind however are of questionable value.

—Prof. Birch-Hirschfeld of Dresden has been chosen to succeed the late Prof. Cohnheim at Leipzig.

CONTRIBUTIONS.

PERFORATION OF THE MASTOID PROCESS.

BY DR. OTTO GREINER, ST. LOUIS, MO.

Read before the "Verein Deutscher Aerzte," Feb. 20, 1885.

On Nov. 12, 1884, I was called upon to attend Mr. H. H., 40 years of age, of robust frame, who complained of pain in the left ear, that had been continuous for fully three weeks, being especially violent at night. As a consequence insomnia; the pain also extended to the left shoulder-blade. In the week preceding my call a purulent discharge from the external meatus had set in, but the pain was in no wise relieved thereafter. Appetite was poor and the bowels sluggish. On examination it was found that the inner portion of the meatus externus was inflamed and irritated, the superior and posterior wall tumefied and projecting into the lumen of the meatus; the upper portion of the tympanum was injected and showed a small perforation, from which, on executing Valsalva's method, a thin suppurative discharge ensued. The parietal and occipital bone of the left side were sensitive upon pressure, and the squamous portion of the temporal bone also; the mastoid process, however, was an especially sensitive region, the integument covering the same being red and swollen. Temperature 100° F; pulse 100. My diagnosis was: Inflammation of the middle ear with retention of pus in the cells of the mastoid process of the temporal bone. I ordered six leeches to the mastoid process, inunction of ung. hydrargyri, poultices, irrigation of the meatus externus with carbolized water, and a brisk purgative. No improvement ensued. The pain at night was excruciating; pulse and temperature remained unimproved. I determined to employ more active measures; the patient complained of dizziness and nausea, and on one occasion fainted away. I feared cerebral complication of a serious nature if operative measures were delayed. After chloroform had been administered and thorough disinfection of the region had been carried out, I made an incision down to the bone at the anterior line of the process; a small artery that was severed was ligated. By means of a probe a yielding place of the osseous surface was discovered and perforation by pressure was easily effected. About a teaspoonful of pus escaped. The cavity that had so been opened was cleansed by an injec-

tion of carbolized water, and a pledget dusted with iodoform was introduced. As a consequence pulse and temperature were normal on the following day; the pain had entirely subsided. The dressing was changed on the third day; thereafter a daily change was made and pus was found present, gradually diminishing in amount. The wound closed and the perforation of the tympanum was found on December 4, to be also closed by a cicatrix. Hearing unimpaired.

In January, 1885, I was called to attend Mrs. P., a feeble lady 55 years of age, that had been attacked, six weeks previously with an intense supra-orbital neuralgia of intermitting character; this had yielded to quinine.

Ten days previous to my attendance, a chill, with severe headache and violent pain in the right ear, seized her, and, on the supposition that malaria was the cause, more quinine was taken by the patient. However, without affording the desired relief. A suppurative discharge from the right ear followed soon thereafter; pain and suffering were unabated.

On examination patient was found to be a delicate woman; soporific; Temperature 103° F.; pulse 120 per minute, feeble and intermittent. The pupils were contracted; photophobia. Pressure upon the temporal region of the right side was very painful; the integument of the mastoid process was swollen, red, doughy. A purulent discharge from the ear took place and a perforation the size of a pin-head was discovered in the tympanum. My diagnosis therefore was: Purulent otitis media; infiltration of the mastoid process; periostitis; meningitis. I proceeded without delay to operate.

After incision down to the bone the surface was found to be resistant. The periosteum was stripped off, and no porosity of the bone being visible, the cavity of the process was entered by drilling from behind forward by means of an awl. No pus escaped. The wound was closed with antiseptic precautions; the external meatus was washed out every three hours with carbolized water. After two weeks the discharge ceased and the perforation in the tympanum closed. The meningitis receded and on February 8 the patient was discharged well.

On comparing the two cases recited, it is manifest that the first case was typical in being local in its manifestations from beginning to end; the vertigo and and the fainting spell were due to local pressure alone. After a free escape of the pus had been secured the progress of the process to the meninges and sinuses was checked. The rapid favorable termination of the case is somewhat remarkable. Schwartze of Halle, who published a report of 50 cases of operative perforation of the mastoid process, states that four weeks was the shortest time in which he observed complete cure in cases of such acute character, i. e. marked, as this one was, by positive purulent discharge from the opening made by the surgeon.

The second case presents, in first order, the question of the bearing of the diffuse process to the local one. After perforating the cavity of the process no pus was found present; the general symptoms did not mend; only the local pain about the ear ceased.

This can be so explained: the patient had suffered from intense headaches, especially in the temporal region, often for days at a time several years past. This possibly was due to a chronic pachymeningitis. The inflammatory condition that obtained in the middle ear could easily be transmitted on the one hand by both venous and lymphatic channels to the irritable dura mater and on the other hand to the periosteum of the mastoid process.

Even if no pachymeningitis pre-existed, a transmission of such an inflammatory process to the meninges is possible, as demonstrated, for instance, in the complication with meningitis of erysipelas of the scalp and of external periostitis of the cranium.

A second question that presents itself is: was the operative procedure a necessity, or did it benefit the patient? In part an affirmative answer can be given. The incision down to the bone surely relieved the periostitis that existed. The perforation of the mastoid sinus, on the other hand, as developments show, did no harm. Nussbaum says in this respect: "No error has been committed, even if after performing this operation, no pus is found; excessive pain and redness surely urge such a mode of action. However, it is a grave omission, if, in the presence of symptoms of fever, nausea, vertigo, unsteady gait,etc.,the operation is left undone.

The pus having no convenient exit, is sure to stagnate and infect the meninges and brain; and a patient under such circumstances is well nigh doomed. Pus retention in this locality may lead to abscess of the adjoining brain substance. Such patients are admitted to our hospitals with the diagnosis of gastritis with vertigo; they soon become soporific and die. The post-mortem examination reveals the abscess of the brain."

Schwartze in summing up his report of 50 cases says: "Even if no communication of

the mastoid sinus with the middle ear is established; still, after the outer opening has been made, there is the possibility of a determination of the process to the point of operation; a revulsive effect, as it were, may be so accomplished."

I do not wish to enumerate the various indications for this operation. Suffice it to say that caries of the mastoid process, of the pars petrosa and inflammations may render it necessary. It was my intention to add my experience in these two cases to the literature on this subject, and to show the method of procedure that the physician in general practice may be called upon to exercise.

I desire to add a few words on the method of operation:

It is necessary to shave the scalp in the neighborhood of the point of incision, and careful cleansing and disinfection should follow. The integument should be incised at the point of greatest tenderness, redness and swelling, or of fluctuation. The periosteum is separated and the bone laid bare; then, after hemorrhage is checked the bone is to be opened where it appears least firm and resistant. For this purpose the trephine. gouge chisel, knife, or probe is employed. The opening should be dilated and curetting carried out,if needed.After proper disinfection drainage is then established by suitable means. In the cases I reported these measures were not required.

The dressing must be changed as demanded by the nature of the case.

If the bone shows no porosity the perforation is best made from above and behind and the perforating instrument is carried forward and down. Thus there is least danger of injuring the sinus transversus, which would be a most unfortunate accident.

It is quite indicative of the progress of surgery that Dieffenbach condemned this operation and that Hyrtl in his "Topographic Anatomy" expressed the hope that it would be consigned to oblivion.

THE CAUSES OF CONSTIPATION.

BY JOHN WOODMAN, M. D., NEW YORK CITY.

There is probably no subject in medicine which has a greater number of etiological factors than constipation. While in a strictly nosological sense it is a symptom, yet, as it presents itself to the physician clinically, it appears often, practically at least, as an entirely independent affection. It is in this latter sense that we wish especially to trace out its etiology, touching only lightly of the subject as secondary and complicating.

Experience teaches that in health one alvine evacuation daily is the rule. At first consideration it would seem that this was too infrequent compared with the normal intestinal activity; our inquiries find an explanation, however, when we consider that the colon in its propulsion of the feces has to contend with the force of gravity, is sacculated and has numerous flexures, is wider in proportion to its muscular power than the small intestine, and what is most important,that the more fluid portion of the feces has been absorbed in the small intestine.

While a daily evacuation is the rule, it is not without exception; for, just as in other physiological processes there are variations due to individual idiosyncrasies; so here we occasionally meet with persons who, without injury to health, may have two or more evacuations,daily or conversely they may go three or four days, and some authors have gone so far as to say six weeks or two months, and yet remain healthy. Suffice it to say we do not consider the latter cases physiological.

Habershon cites the case of a woman, sixty years of age, who from youth up had only one evacuation in six days, yet remained perfectly healthy. Such cases probably depend upon anatomical as well as functional peculiarities, and it is quite important to inquire carefully into the history of these individuals, that we may not be led into the error of treating as pathological what is in them a purely physiological process.

Various theories have been presented in explanation of these anomalies; among others it has been suggested that they are due to the increased or diminished reflex excitability of the nervous apparatus.

Anything which interferes with the abdominal pressure, and therefore anything affecting the nutrition of the accessory muscles of defecation or the intestine itself, contributes to this affection. It is in this way that it occurs in anemia, obesity, the chronic cachexiae, etc.

In women it occurs especially in those who have borne children, the abdominal walls remaining weak and flabby. Constipation is frequently seen in persons of sedentary habits, especially those who indulge in the excesses of the table.

Increased secretions in other organs, and the rapid absorption of the fluids from the intestinal canal, as seen in profuse sweating, lactation and polyuria, and such as is especially apt to be the case in diabetes, and in

the colliquative sweating accompanying great debility beget constipation.

Normally, the bile acts as a natural cathartic, and in certain cases in which there is a deficient secretion we get constipation with the "clay colored" stools.

It is also claimed, that in cases where the absence of bile in the intestine is due to obstruction of the common bile duct, the biliary salts, circulating in excess with the blood, have a similar effect by benumbing the intestinal ganglia.

Improper diet is a prolific cause of constipation; and it seems to depend upon the quality of food taken, particularly as it affects the quantity of residue, and just as a person confines himself exclusively to the more digestible albuminoids and excludes from his diet those articles which make bulk, so is the tendency to constipation increased. The intestine seems to be dependent upon a bolus on which to exercise itself, thereby maintaining its nutrition and activity. Uniformity of food, even if it ordinarily have a laxative effect, is followed finally by constipation; it would seem that, in this case, the reflex excitability becomes exhausted or attains a tolerance.

There are many curious and interesting cases of dietetic peculiarities; milk which ordinarily is constipating in its action will cause in certain individuals a diarrhea, yet it has been noticed that by its persistent use we get finally a costive effect.

Astringent drinks, as tea and the dry wines, as well as an indefinite number of drugs, all bear their part in the etiology.

It is a common custom among the laity to resort to the continued use of cathartics, especially certain patented pills often of a very drastic nature. These agents, which at first are very efficient, eventually loose their efficacy from the depressing influence on the nerve reflex consequent to over-stimulation; it is in this way that many persons come to be dependent upon the constant use of large and constantly increasing doses of cathartics to procure regular movements.

The sudden change from an active to a sedentary life, such as is incident to a sea voyage, is a common factor in producing the affection.

Neglect of attending to the summons is a frequent cause. This occurs when the mind is preoccupied or in cases where the act of defecation is accompanied with excessive pain; often, too, in the country, where on account of the poor accommodation the act is rendered extremely disagreeable. In this connection it is interesting to note the influence of habit in determining an action; thus a person accustoming himself to a certain hour in the day will have the desire to defecate appear with extreme regularity, and any neglect of attending this summons at the proper time will in some persons be followed with considerable discomfort and inability to defecate at will. Many persons accustom themselves to attend stool directly after a meal, usually breakfast. It seems as if the stimulus of food in the stomach excited also the action of the lower bowel.

It has been shown by O'Beirne that normally the rectum is empty and it is only when the feces pass from the colon into that tube, that there arises the desire to defecate. Now, if the summons are not obeyed one of two things will happen, either the feces will be carried back by an antiperistaltic action, or else this fecal matter accumulating, presses continually on the nervous plexuses, so blunting their sensibility that they are no longer capable of efficiently responding to the pressure of the re-accumulating feces. It is in this way that immense quantities of feces become impacted in the rectal ampulla, so that the patients may go weeks without defecation.

A frequent location for impaction is in the lower part of the descending colon and the sigmoid flexure, probably far more frequently than in the rectum, although the latter is by no means uncommon. Not only are the reflexes destroyed by these repeated distensions, but the muscular coat itself is in a decidedly unfavorable condition to contract, for as the intestinal walls dilate they become thinner, and manifestly weakened.

In intestinal obstruction high up, such as might be due to cicatricial bands, there is the dilatation with a compensating hypertrophy of the muscular layers above the obstruction, yet, below this point, the intestine is in a state of atonic contraction—the so-called "contraction of inanition"—and when fecal matter does enter the tube the contraction offers a certain amount of resistance to its onward progress, but the walls being in a state of atony readily yield to the hardened feces, so that we may have numerous pouches of fecal matter formed and we may be able to feel through the abdominal walls a "rosary-like row of fecal balls between which the colon is tightly contracted." Among the anatomical variations predisposing to constipation may be mentioned: First, Incomplete "descensus coli," cases in which there has been an insufficient development of the mesentery, not allowing the colon to descend; oftentimes in these rare cases we find the cecum high up above the iliac fossa, and oftentimes it leads

to irregular position of the colon, so that it may lie obliquely in the abdominal cavity.

The colon may run more directly from the right iliac fossa to the splenic flexure, the hepatic flexure being absent as we have seen demonstrated post mortem; conversely we may have the colon running directly from the hepatic flexure to the left iliac fossa. It is most probable that all such cases are the result of an abnormally short colon associated with a shortened mesentery.

Again, we may have an excessive growth of colon and lengthening of its mesentery. In this connection we can draw a practical lesson from comparative anatomy.

It is a matter of observation in this study, that the intestinal tract is longer and more capacious in the herbivora than in the carnivora; following out the principle in its application to the habits of different nations, it has been found that in Russia, where there are one hundred and ninety fast days in the year and consequently a greater consumption of vegetable food, the average length of the intestines exceeds by seven and a half feet similar measurements made in Germany.

It is obvious, that as the intestine lengthens there will be a corresponding increase in its flexures, this most commonly manifesting itself in the transverse colon,where, in addition to the usual anterior curvature, we have an inferior one giving the characteristic M shaped colon. Next, and as has been pointed out by Jacobi as especially occurring in children, is an increase in the number of sigmoid flexures. These cases are probably more frequent in congenital lengthening of the colon depending on the defective development of the ligamenta coli which, normally, together with a few transverse fibres, serve to shorten and constrict the smooth and cylindrical colon thereby forming its numerous sacculi.

Lengthening of the mesentery may be the result of constipation and not its predisposing cause; this not infrequently happens in old cases, when the sacculi have been for a long time distended with hardened feces, the mesentery yielding to the constant traction. Such cases are often very deceptive; the centre of the colon remaining permable, we may have frequent though usually scanty evacuations.

Malformation of the rectum, in which there is an incomplete junction of the anal and intestinai portions of the tube is one of the possibilities that may contribute to this affection.

These cases of anatomical variations usually cause no trouble, provided there exists an active peristalsis, but, when with these variations there is associated a feeble peristalsis, or if for any reason the intestinal or accessory muscles of defecation become weakened, we have a most obstinate constipation.

Constipation may occur secondarily: First, As the result of mechanical obstruction. This occurs in pregnancy from pressure of the gravid uterus, tumors external to or involving the intestine which constrict its calibre, cellular inflammations as perityphlitis, periproctitis or pelvic cellulitis, strictures due to peritonitic adhesions or in rare cases as the result of intestinal ulcers.

The introduction of foreign substances, which occurs in hysterical and insane subjects, or in attempts made to reduce hemorrhoids by sitting on a conical instrument, such as a coffee cup, instances being recorded where such bodies have been forced completely into the rectum, intestinal parasites, particularly the oxyuris vermicularis, in children, mechanically cause constipation.

Second, In the acute fevers, from parenchymatous degeneration of the muscular tissues, and the absorption of the intestinal fluid due to excessive perspiration.

Third, Complete or incomplete paralsyis of the muscular tunic.

Complete paralysis is extremely rare and when occurring is usually localized; it is almost always due to some injury like a kick from a horse. It is very fatal.

We may have a paresis due to an infiltration of serous or inflammatory materials into the muscular and cellular coats, thus mechanically interfering with peristalsis. This occurs in acute peritonitis, enteritis, chronic intestinal catarrh, and in the edema consequent on Bright's disease, cirrhosis of the liver, etc.

Chronic intestinal catarrh is one of the most frequent causes, and "in this etilological category especially belong a great number of the causes of habitual constipation with hypochondria."

In these cases the constipation has usually lasted for some time, the mental depression coming later; this usually occurs in persons between twenty and forty years.

Fouth, Constipation is a very constant symptom in cerebral derangements, as in the congestions and various inflammations of the brain and its membranes. Here, especially in the acute inflammations, the modus operandi seems to be an irritation of the inhibitory centre of peristalsis; the diarrhea which often follows the long period of constipation is explained by the loss of inhibition consequent to over-stimulation.

There are many cases in which it is diffi-

cult, and quite impossible, to say how far constipation is the cause, and how far the effect of mental derangement, yet we do know that in chronic constipation we have vertigo, impaired memory, hypochondriasis, etc., associated.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, February 28, 1885. The President, Dr. Atwood in the Chair.

The Secretary read among other communications one from the American Association of Superintendents of Insane Asylums urging the adoption of a preamble and resolutions relative to the immigration of the "defective" classes into this country. In the preamble it was stated that according to the eight, ninth and tenth United States census the "foreign-born" population constitutes one-eighth of the total and furnishes one-third of the criminals, paupers and insane. After quite a lengthy and spirited discussion, the society adopted the preamble and resolutions.

SARCOMA OF VISCERA.

DR. HULBERT presented a pathological specimen obtained from a patient who recently died at the Female Hospipal. The liver, spleen, kidneys, mesenteric glands, small intestines and colon were presented. The patient was admitted two weeks ago to the hospital, suffering from alcoholism. She was excessively nervous and fidgety. The pulse was rapid, but there was no fever, there was slight ascites, but she did not complain of anything in particular. There was general pain and she acknowledged to have been a heavy drinker. She had been at the hospital several times before suffering from alcoholism. She was 35 years old. About three days ago she was taken with a severe pain in the abdomen, went into a general collapse and died. He presented the spleen, and other specimens, observing that in the left kidney there was a growth imbedded similar to the indurations of the mesenteric glands which were provided with capsules that ruptured easily allowing the contents to be squeezed out. There was softening in the centre of each gland. There was enlargement and fatty degeneration of the liver, the heart having undergone the same changes. Its apex was lengthened one inch, the fat extending between the muscular fibres. The patient gave a history of general lesions of syphilis; there were no local lesions and she said that she had never had chancre to her knowledge. Dr. H. diagnosed the case as syphilis and acoholism. The part of the descending colon presented was occluded, it being impossible to introduce the finger without rupturing the gut. Beneath the mesentery there was a deposit of fat. In fact, the woman was a pathological monstrosity.

DR. BREMER considered it sarcoma of the most pronounced type. Judging from the general dissemination of the tumors throughout the intestines he would not regard it as syphilis. Because in this latter there is a tendency to the formation of cicatrices, and the organs attacked would contract. No such growths, as occurred in the present case. were observed in syphilis. He would say that it was either sarcoma, carcinoma or epithelioma. He had not examined it, but thought that microscopic examination would show this to be true. He thought that the immediate cause of death was peritonitis caused by a rupture of the intestine.

The age was to be taken into consideration. We all know that carcinoma or true cancer is a tumor occurring generally later in life, from the fortieth to the sixtieth year, whereas sarcoma is par excellence a tumor of youth.

INTRA-UTERINE TWIST OF NECK.

DR. WATKINS, corresponding member, sent in a communication detailing the following case: On September 5, 1884, he was called in consultation to a case of obstetrics. The woman, aged 26, was a II-para. Labor set in September 4, and she was attended by her father, Dr. L., who delivered her safely of a male child weighing seven pounds. Upon looking for the placenta he found that there was another child, presenting the vertex. The labor was slow, but he made no efforts to hurry it. At 12 P. M. the head was down on the perineum; the contractions of the uterus, however, had ceased. At the time of Dr. W.'s examination the child was dead. The woman was somewhat exhausted and the labor was terminated instrumentally. There was no difficulty in effecting this. As soon as the head emerged it was found that it was completely turned round on its axis. He was surprised and called attention to the circumstance before removing the forceps. The cervical muscles were rigid and there was dislocation of the vertebræ. Judging from appearances the child had been dead eight or ten hours. The mother recovered well. The writer was sure that Dr. L. was careful in his

manipulations and the mother had made no violent exertions immediately prior to or during her confinement. In a medico-legal view it was interesting as, had the woman been alone, infanticide might have been suspected. The question asked was, what produced this complete twist of the neck of the child in utero?

ARTERY FORCEPS AND SURGEON'S NEEDLES.

DR. BORCK presented several of Péan's artery forceps. He mentioned that, as they are sold in the shops, they are all straight. He had some made bent, so that if a hemorrhage situated in a deep wound had to be arrested it could be done more rapidly and easily than with a straight instrument. He also showed some needles he had devised. Surgeons he remarked, were in the habit of making sutures with the ordinary surgeon's needle, necessitating the employment of needle-holders to force them through the tissues. Dr. B. got machine needles, which have the eye near the point and annealed them. He then gave then the proper curvature and then tempered them again. He then had handles—German silver—attached to the shank, thus obviating the necessity of a needle holder. They were cheap and acted very well.

BACILLUS OF CHOLERA, OF TUBERCULOSIS AND OF LEPROSY.

DR. DEAN had recently received specimens of the bacilli of leprosy made by Martin, of Essen. He also presented slides of the bacilli of cholera and of tuberculosis. He brought them to show that those who are unaccustomed to their examination could not tell the difference. They must be distinguished very frequently by their chemical reaction, relative dimensions, form,physiological development and action on the body. The millimetre is divided into 1000 parts and each one is called a mikro-millemeter. This makes a good measurement for these oaganisms being about the length of a medium-sized bacillus. The baccilli of leprosy and of tuberculosis are so much alike in chemical reaction and appearance, that microscopic examination will not serve to distinguish them. If it is true that the same bacillus will always produce the same disease, there must be different species, We cannot say that they act merely as carriers of a specific poison because inoculations have been successfully performed with bacilli derived from successive pure cultures in which the presence of all foreign matters was avoided. This evidence is a very strong one in favor of the presumption that these bacilli are entirely different in nature.

VEREIN DEUTSCHER AERZTE.

REPORTED FOR THE REVIEW.

Regular meeting, Friday, Feb. 20, 1885, Dr. Alt presiding.

Dr. O. Greiner read a paper on "Perforation of the Mastoid Process." (See p.—)

DISCUSSION:

DR. JOHN GREEN agreed fully that the mastoid process be opened under the indications given in the cases reported, it being better to open the mastoid cells and find no pus than ever to risk leaving a possible purulent accumulation with no exit.

DR. ALT reported seven cases in which he had opened the mastoid process. Three of the cases concerned children, six months, three and seven years of age, respectively; the remaining four happened in adults, respectively eighteen, thirty-two, forty, and forty-two years of age. The purulent otitis media had been caused once by water being allowed to run into the nose from a sponge, the head being reclined on the mother's lap in order to cleanse the nose; once by scarlet fever and once by typhoid fever. In the remaining cases no special cause could be found. Pus was evacuated in all cases but one, which latter proved to be a case of sclerosing mastoiditis. In one case a large piece of necrosed bone came away after many months; in one case a serious hemorrhage occurred from the arteria articularis posterior, which took a somewhat unusual course and was of an abnormal calibre. All of the cases recovered so far as known, yet in the case of sclerosing ostitis the pain was not relieved. The instrument used when the knife was not sufficient was a cone-shaped drill. An awl is not a very safe instrument.

CARBUNCLE.

DR. GREINER reported a case of carbuncle that he treated, after chloroforming the patient, by incision and curetting. All the necrosed tissue was so at once removed. Iodoform was used as a dressing. The temperature promptly came down from 102° F. to a normal figure. The patient got well in three weeks.

DR. POLLMANN mentioned the compression method in treatment of carbuncle, but saw no advantages in it.

DR. HEYER had treated four cases by cupping and subsequent compression with strips of adhesive plaster. The results were excellent.

DR. RIESMEYER drew attention to the method of circular incision recommended by

Hueter; the skin was thereby freed from the superficial fascia and the circulation rendered more free; extensive gangrene of the integument was so prevented.

Dr. Spiegelhalter mentioned the treatment by hypodermic injection of 5 per cent carbolic acid solution.

Dr. Pollmann reported a case of carbuncle of the inner side of the cheek, which resembled a malignant pustule. Death followed.

Dr. Riesmeyer claimed that true carbuncle is found only where hair grows; the cause is an inflammation about the hair-follicles, this being due to micro-organisms that pass along the hair's-heath into the follicle. In furuncle but one follicle is involved, in carbuncle a number.

Nephritic Amaurosis.

Dr. Greiner reported a case of acute parenchymatous nephritis with absolute amaurosis within eight days. The case was mending under purgative treatment.

Acetonemia.

Dr. Baumgarten reported a case of diabetes mellitus in a lady 35 years of age. The patient nursed twins for two years and the following summer noticed that she voided unusually large quantities of urine. Examination revealed glucose. Under appropriate diet, avoidance of all amylaceous and saccharine food, she gained and soon the urine became normal. In the last few years, although she did not strictly adhere to her dietary, there was absolutely no sugar present in her urine. Last September she became pregnant. Her diabetic condition returned. She rapidly emaciated and at the beginning of the year showed serious gastric and intestinal disturbance. The peculiar wine-like odor that is observed in acetonemia emanated from her mouth, and in fact her whole body. The test with perchloride of iron showed acetone in the urine. Her respiration became much embarrassed, running up to 36–44 per minute. The patient died after a coma of six hours. She was in the sixth month of pregnancy; it was remarkable that she did not abort. The cause of death was acetonemia, a condition in diabetes mellitus supposed to be due to a fermentative change of the glucose. Severe gastric catarrh is found in this condition; whether cause or consequence of the acetonemia was not fully understood.

Dr. Schwarz had a case come under his notice in which a decided odor of acetic ether led to the diagnosis of diabetes.

Contracted Pelvis—Breech Presentation.

Dr. Schwarz related the circumstances of a case of labor he had attended that afternoon. The pelvis was uniformly contracted; the conjugata vera measured ten centimetres. The woman had been pregnant six times and had always aborted. She was syphilitic and then in the eighth month of pregnancy. The waters had broken three days previously. The case had been attended, so he was informed, by a medical student. The woman was in an anemic condition, had fever, was collapsed. A fetid odor proceeded from her genitals. The dead child was in the second position of breech presentation. After cleansing the vagina by irrigations the blunt hook was employed to develop the child. An antiseptic injection was then made and in several hours the temperature declined. The condition of the woman gave rise to grave apprehensions. She was evidently septic.

Thereupon adjournment.

SELECTIONS.

ON THE RADICAL CURE OF HERNIA.

BY VINCENT JACKSON, F. R. C. S. ED., M. R. C. S. ENG.,
Senior Surgeon to the Wolverhampton and Staffordshire General Hospital.

Read before the Staffordshire Branch.

It is now twenty-five years since Wutzer recommended his well-known treatment for the cure of hernia; a treatment which, although a very fair and impartial trial was given to it, signally failed to permanently accomplish what it professed to be enabled to do.

Professor Wood materially revived the attention of surgeons to the operative treatment of these cases. This operation was, and is, practised by many. Mr. Spanton simplified Wood's operation, and a large measure of success has been obtained by its employment. But the question arises, can the operation of Wood or of Spanton truthfully be called a radical cure? Have not both of these operations failed in some cases to effect a temporary cure; and, in others, has not a return of the hernia when a truss has not been worn, even in promising cases, been a cause of disappointment alike to patient and to surgeon? To me it seems a misnomer to call an operation radical, which requires the wearing of a

support to prevent its becoming ineffectual; and while I admit my admiration of the ingenuity displayed by the authors of the two operations alluded to, yet I am bound to say that, in my opinion, the only operative procedure which can justly be spoken of as radical is, when the sac is either dissected away or pushed within the abdomen, and the pillars of the external ring, where possible, completely and permanently united.

If the handiwork of the operator upon the lines just indicated be rewarded by a successful recovery, I can hardly conceive the possibility of a relapse, for the closed pillars seem to me to be as much a barrier to a re-descent as the pad of any truss. How are the pillars to be maintained? Not by the use of silk or gut sutures, but by the employment of silver wire.

Mr. Mitchell Banks has spoken strongly upon the importance of metallic sutures, and he says that he has found a single tie sufficient to prevent separation of the two ends. I have, however, generally finished off with a twist or two.

But while I have thus expressed myself, truth, sincerity, and experience compel me to state that, in my opinion, a place will always be found for Spanton's operation. There are many cases of inguinal hernia in which it is not only applicable, but perhaps preferable to the other methods.

I will now narrate the history and notes of my last operative case for the cure of hernia.

H. C., aged 18 months, was admitted into the Wolverhampton and Staffordshire General Hospital, August 19, 1884. The mother reported that the baby was still unweaned, and had suffered almost from birth from a right inguinal hernia; and although a truss had been applied and worn more or less, yet the hernia continually came down, and at last its size became so great that a truss was powerless to prevent its descent. This unpleasant condition was so troublesome, and at times occasioned so much pain, that the parents requested the performance of some operation to palliate or cure the defect. The child was healthy, and well nourished. The hernia was with ease replaced; the rings, easily admitting the middle finger, were large, and almost in direct apposition.

On the left side, there was no evidence of the presence of a hernia or of any weakness of the abdominal walls in the usual situation of a hernial protrusion; the external ring was thoroughly competent. To test the accuracy of the mother's statement, the truss-maker to the hospital was requested to fit a truss to the patient, but with a negative result; for, upon standing or crying, down came the bowel.

The child having been weaned, and being in every way in a suitable conditon, on September 19, chloroform was administered; and, the sac being emtied, the following operation was performed, Listerian precautions being used.

An incision was made from just above the external ring, on the right side, through the whole length of the scrotum, until it terminated immediately below the posterior wall of the sac, that is, the centre of the lower end of the testis; and, in this way, all the structures down to the sac were severally incised. The apex of the latter, which was not opened, was cleared away from the margins of the external ring and structures of the cord by means of a Brodie's director; and, being then held between the forefinger and thumb, it was pulled down as much as safety would permit, so that its highest point could be deligated by a chromocised catgut-ligature. Just below, with a pair of scissors, the sac was cut across, the upper end immediately slipping within the ring; and the lower portion except the part attached to the testicle, was removed by dissection, due care being taken to avoid injuring either the vas deferens or the vessels accompanying it. All bleeding points having been secured or arrested, the pillars of the external ring were approximated by four points of interrupted silver wire suture, and the scrotal wound coapted by gut-sutures applied and tied at very short intervals; at the extreme lower limit, and at the most dependent point, a small and short glass drainage-tube was inserted. The gauze-dressings having been carefully and systematically applied, and due conveniences for micturition also afforded, the little patient was returned to his cradle.

September 13. The report stated that, immediately after the operation, and for many hours, the child was very faint, and as times very much collapsed. Restoratives were freely used, and eventually rallying commenced, and reaction was fully established. There had been no sickness, neither was there the slightest abdominal tenderness. The dressings, being in good position, wese undisturbed.

September 14. The wound was dressed, the drainage-tube being removed.

September 16. The wound was redressed; it had a very healthy appearance.

September 19. Lister's dressing was discontinued, as the wound was healing fast. Unguentum boracis was applied; and, in a few days the healing was complete and sound.

Three or four weeks afterwards, the child commenced to have whooping-cough; and, in spite of this severe and trying test, the radical cure continued. No trus has been worn since the operation.

This case causes reflection as regards (1) the age of the patient; (2) one or two points in connection with the operation.

1. The patient was young, and with truth I think it may be added very young—an unweaned baby carried in the arms; and probably, unless the spray had anything to do with it, this circumstauce was the cause of the very prolonged shock which followed the operation. On several occasions, I have noticed the depressing effect of surgical operations upon young children; they bear the operations well, but they bear the shock of them badly.

2. The points in connection with the operation are these. *a.* The sac was ligatured before it was opened; and it was detached from above downwards, instead of, as some surgeons prefer, from below upwards. *b.* The pillars of the ring were carefully stitched together, and closed by four silver wire sutures and so there is every reason to believe they still remain an evidence of the advantage, as well as of the necessity, of using metallic rather than catgut sutures; for with the former you are enabled permanently to place an effectual barrier against the re-formation of a fresh sac and hernia.—British Med. Journal.

CORRESPONDENCE.

NEW YORK LETTER.

New York, February 25, 1885.

Editors Review: Dr. Abraham Jacobi, the newly elected president of the New York Academy of Medicine, gave a grand reception at his residence on the thirteenth of this month. Although the night was stormy there were several hundred professional gentlemen present, representing a large number of the leading medical men in the city.

Dr. Jacobi, with the "loving cup" in hand, escorted his guests to a most sumptuous and costly array of such things as enliven the "inner man." Dr. Barker recited for the toast the motto on the cup, "Let love and peace be multiplied," also partaking therefrom, which was immediately followed by furious war upon the host's most excellent squabs and "Brunswick private stock."

The cup which we have referred to was a present from Mrs. Astor to Dr. Barker for the Academy; it has besides the above motto the coat of arms of the society, and spaces for the inscription of the names and date of office of the succeeding presidents.

At the recent annual dinner of the Odontological Society Dr. Garretson of Philadelphia was present and numerous speeches were delivered. Dr. D. B. St. John Roosa said that he thought that the next step in advance for dentistry was philanthropy, and he hoped the day was not far distant when the poor could have their teeth properly attended to. Dr. J. Smith Dodge spoke of the history of dentistry and said that it could be traced even back to the time of Herodotus.

Dr. Louis Elsberg, the well-known and certainly one of the oldest laryngologists, died at his residence in this city last Thursday. The doctor, though born in Prussia, received his early education in this country, graduating from Jefferson Medical College at the age of 21 years. Always interested in the disease of the throat and nose he went to Vienna where he put himself under the instruction of the renowned Tobold. While pursuing his practice as a specialist in this city he wrote several works and contributed largely to the periodicals. For seventeen years he occupied a chair in the University Medical College and was Professor of Laryngology in the Polyclinic School when he died. He belonged to a large number of medical societies, of which hewas an active member. He is said to have removed over 250 intra-laryngeal growths and over 10,000 diseased tonsils.

In the recent investigations of the tenement house evils it is found that the rate of mortality is increasing over former years. This is considered to be due to the illegal crowding, dark bedrooms and hall-ways. There are now about 26,000 tenements in the city, 3,000 of which are rear tenements, which are the most conducive to filth and disease.

The Sanitary Board have been very active of late, especially in the investigations of adulterations and contamination in food and drink. Dr. Cyrus Edson has been particularly wide awake in this matter. Large quantities of poisoned candies and canned fruits have been destroyed. Those cans which first have paper pasted over their top before soldering never show evidences of contamination in their contents. Quinine and tobacco have been found adulterated, and to-day we learn of a raid to be made on the manufacturers of poisonous wall-papers.

An interesting case of abscess of the liver with the expectoration of its contents through the bronchi has been entertaining several of the clinics at Bellevue. The man first presented himself at an out-door

department with chronic pleurisy of the right side. He entered the hospital for hemoptysis, but owing to the presence of pus and signs of liver dullness he was aspirated, a large quantity of pus being removed. Dr. Loomis in commenting on this case said, that whenever you get sub-acute pleurisy on the right side without history of traumatism, we ought always to bear in mind the possibility of hepatic disease. This sub-acute pleurisy he regarded as a conservative process on the part of nature in anticipation of the rupture of the abscess into the pleural cavity, the adhesions formed localizing the empyema.

A unique case of hypertrophic elongation of the cervix was operated on recently by Dr. H. Marion Sims at the St. Elizabeth Hospital· The cervix measured over four inches in length, over two inches being removed. After the amputation the doctor inserted an intra-uterine stem which he very ingeniously retained in place by suturing it to the cervix, passing the sutures through openings made in the flange of the uterine stem.

Dr. Thomas presented at his clinic a very large fibroma of the uterus, occurring in a woman 42 years of age, who came for its removal. The patient gave no very serious symptoms; the only things she had noticed was the very large proportions her abdomen had assumed, and a little increase in the menstrual flow. When asked why she desired to have the tumor removed when she was suffering so little, she replied: "Life is sweet." The doctor said that considering the age of the patient and that the increased flow did not endanger life, operative procedure was entirely out of the question. He said this is one of those cases in which "he that increaseth in knowledge, increaseth in sorrow." He saw that this was just one of those kind of cases in which a metrorrhagia was so often supposed to have been cured by the pet prescriptions of the doctor,when in realify it was the age of the patient alone which brought about the changes, the cessation of menstruation being the greatest remedy.

Pneumonia is very prevalent throughout this section, and measles have been unusually fatal this season. The hospitals are now well filled.

On Monday evening of this week Dr. John C. Peters delivered an address on the "Introduction, Prevention and Treatment of Cholera" before the County Medical Society. The doctor gave some very interesting statements in regard to the previous history of that disease in this country. He believes that it is only by the entrance of the specific poison into the gastro-intestinal canal that one can acquire the disease. He recommends, therefore, great cleanliness of the hands and purity of drinking water. In previous epidemics he had always carried his own towels and observed the strictest sanitary precautions, on account of which he believed he had been exempt from the disease.

We are greatly indebted to Dr. W. M. Carpenter, Instructor of Microscopy in the University Medical College, for the demonstration of a slide obtained directly from Koch's laboratory containing that wonderful microbe, the comma bacillus. As we gazed through his glass cage upon this parasite, whose reputation has so speedily outrivaled the animals in Central Park for their destructive tendencies, we marveled that such a serene little creature could make so much ado. We did notice, however, that it looked a little cramped upon itself, as if suffering from an attack of indigestion, but this we could easily attribute to its exclusive diet of gelatine.

J. W.

A SIMPLE PALLIATIVE IN SUPRA-ORBITAL NEURALGIA.

MILLERTON, Kansas, Feb. 25, 1885.

Editors Review: It is my misfortune to suffer occasionally from supra-orbital neuralgia. It usually assumes the periodidical form known in common paalance as "sun pain," beginning in the fore part of the day and decling again toward evening. For its relief various palliative and curative remedies have been used including quinineand morphia internally, and occasionally hypodermic injections of morphia at the point of pain. Quine hardly ever gives relieg under two days, and hypodermics lean for several hours an unsightly bump on the forehead. Recently while taking a long drive, I was seized by a sudden attack of my old toamentor. Sharp friction over the eyebrow with the palmar surface of the fingers completely relieved tbe pain in five minutes. There was not the ususaal return of the trouble next day. Before applying the friction the pain had continued about half on hour; a sufficient length of time to indicate that it was not a more passing twinge. Respectfully,

J. M. LATTA, M. D.

OOK REVIEWS.

A MANUAL OF THE MEDICAL BOTANY OF NORTH AMERICA. By Laurence Johnson, A. M., M. D. Wm. Wood & Co., New York.

This is the December, 1884, number of Wood's Library of Standard Medical Authors. Although we are inclined to criticise the title chosen by the

author, thinking that he could have chosen a more acceptable expression than "Medical Botany," yet we must say that he has presented us with an excellent compendium of the Botany of the Medicinal Plants of North America. The body of the book is introduced by a chapter on the General Principles of Vegetable Growths and Reproduction. As a book of reference it will be very useful. It is profusely illustrated and the workmanship is of the best order. It does the publishers credit.

THE THERAPEUTICS OF THE RESPIRATORY PASSAGES. By Prosser James, M. D. Published by Wm. Wood & Co., New York. The November number of Wood's Library of Standard Medical Authors.

We fail to find anything of special interest in this volume that is not said with greater fullness and completeness elsewhere. It is more like a series of odd chapters not written up to date and put together without any special order, concluding with two chapters respectively on Pneumatics and Topical Pneumatics.

ANATOMY, PHYSIOLOGY AND HYGIENE—FOR SCHOOLS, COLLEGES AND GENERAL READERS. By Jerome Walker, M. D. A. LOVELL & Co., New York.

This volume is to be heartily recommended to the class of students indicated by the title. The book is agreeably written and numerous illustrations elucidate the text.

ITEMS.

—State Medical Association.—To the Medical Profession of Missouri: At the last annual meeting the following amendments, relative to membership, were adopted:

1. Honorary members shall consist of those who have served as Presidents of this Association with such distinguished members of the profession not resident of the state, who shall be elected by a three-fourths vote at a regular meeting of the Association.

2. All members in good standing of regular medical societies in this state, who shall be regularly accredited by the proper officers of said societies.

3. The annual dues to be paid by all members in attendance (other than honorary) shall be three dollars, and each member shall be entitled to a copy of the transactions.

4. Any physician in the state not a member who shall remit one dollar to the treasurer on or before the annual meeting shall be entitled to a copy of the transactions.

The above amendments make the State Association truly a representative body.

Respectfully,
H. H. MIDDELKAMP,
President.

WARRENTON, MO., Feb. 12, 1885.

—To the list of novel inventions from the land of wooden nutmegs must now be added paper cigars, large quantities of which have been imported into the Australian colonies. A correspondent describes these as being such an exact imitation of the natural leaf of the nicotian herb, and to be so well flavored, that it takes a magnifying glass to detect the deception. He adds, too, that they burn well and hold their white ash firmly.

—William Braithwaite, M. D., the founder of the Retrospect of Medicine, died in Leeds, England, on January 31, at the ripe age of 78 years. The Retrospect will be carried on by his son, Dr. James Braithwaite, with the assistance of Dr. A. G. Barre, Assistant Physician to the Leeds General Infirmary. W. A. Townsend is the publisher.

—Dr. Ambrose L. Ranney, Professor of Applied Anatomy in the Post-Graduate Medical School of New York City, has been appointed to fill the chair of Anatomy in the Medical Department of the University of New York, rendered vacant by the death of Prof. William Darling.

—A. S. Aloe & Co. carry on the business of the former firm of Aloe, Hernstein & Co., at the old stand, 300 N. Fourth Street, St. Louis, Mo. They continue to manufacture and import optical, surgical and electrical instruments, and physicians' supplies generally.

—Organizing Microbiological Laboratories.—The French Government has sent M. Dr. P. Gibier to Germany, in order that he may study the organization of the laboratories of microbiology.

—It is announced that Gaillard's Medical Journal, the journal of the late Dr. E. S. Gaillard, will be continued hy M. E. and E. W. Gaillard.

—The New York Dispensary is about to reduce its attending physicians from thirty-two to five, and pay the five for their services.

—Dr. Louis Elsberg died Feb. 19, 1885, in New York city.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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TO OUR SUBSCRIBERS.

We beg leave to remind our subscribers that it is necessary, in order to carry on a journal, that subscriptions be promptly paid. When receipts are flush the publishers feel disposed to enhance the value of the publication by additional enterprise. This is the encouragement that each subscriber should give us. Free and spontaneous liquidation of the obligation incurred is a wonderful stimulus. That the REVIEW is of the most progressive character cannot be gainsaid; and generous support is needed to growth and ultimate grandeur. Therefore, so that you may be enlightened, spare not the well-earned tribute.

THE COMMA BACILLI AND CHOLERA.—The only means of forming definite opinions relative to the causal relation of the comma bacillus to cholera, as the necessary details associated with microscopical investigation is out of the question to the large bulk of us, is to keep on listening to the arguments on both sides. Dr. Hugo Engel thus concludes a lecture on the subject (Med. and Surg. Rep.):

"Professors Rietsch and Nicati ultimately succeeded, during the Marseilles epidemic, in producing in animals the characteristic symptoms of cholera, by injecting the comma-bacilli which had been obtained by artificial pure-culture into the duodenum, that is, the upper part of the small intestines, so that the bacilli had not to pass through the stomach. I have received from Koch the latest and most direct information a few days ago, that these experiments were repeated in the German Imperial Board of Health. Dogs and guinea-pigs were employed for this purpose. Koch first artificially developed the bacilli by pure-culture. He then so diluted the fluid of the pure-culture that he obtained the one-hundredth part of a drop of it, and this minute quantity he injected into the duodenum of a large number of animals. They all died within from one-and-a-half to three days under all the symptoms of Asiatic cholera. Their post-mortem examination revealed exactly the same condition of the intestinal canal that is met with in human bodies of patients who died the second or third day from the disease, and in the intestines were found innumerable quantities of comma bacilli in the state of pure culture. Considering the smallness of the dose employed, and the fact that death set in two or three days later, the possibility of poisoning is excluded. * * *

Let me tell you what the king of Italy did. While the disease was at its height in Naples, he arrived from Rome and visited the cholera hospitals in Naples. He escaped uninfected, but why? All his food, and all the water and wine he drank, were sent to him from Rome in sealed and hermetically closed bottles and boxes. As he could not become infected by way of inhalation, but only by the food and water swallowed, care was simply taken to have the food and drink pure, free from comma bacilli. Should the cholera visit us, have your main organ of digestion in the best possible order,avoid errors in diet, live on the plainest food, and have every drop of water you drink, every particle of food you take, thoroughly boiled, and you will escape all danger from infection. And, if notwithstanding these precautions, living comma-bacilli reach your intestines, and indi-

cate their presence by the first symptom of the mildest diarrhea, at once have recourse to your physician, and putting yourselves under his care, minutely follow his directions, and the once dreaded disease will soon become a matter of little concern to you personally."

Bacterian Syphilis.—The following proposition from the pen of Professor Neisser quoted in the Jour. Amer. Med. Assn., does not bear the imprints of that careful work which is so necessary for solid substantial progress in a subject so difficult as the causal relation of germs to diseased organisms:

I. Infection. The bacteria penetrate into the organism by any point upon the surface of the body, where the denudation of epiderm or epithelium allows of their introduction into the lymphatic channels. The virus remains at the infected point; certain of the germs pass immediately into the circulation and rest as localized at the lymphatic glands of the infected part.

II. Then comes the period of first incubation when the presence and action of the bacteria are not manifested,but when they are certainly multiplying at the point of infection and its dependent gland; then follows the primary affection and the engorgement of the primary lymphatic glands.

III. Invasion of the organism by the bacteria, which are in process of multiplication in the primary affection and in the lymphatic glands.

IV. The different systems become gradually involved—glands, skin, mucous membrane, etc. The glands are the depositories of the bacteria and receive them during what are called the latent periods.

V. Either these germs disappear finally, and it may be spontaneously, or by the effect of an energetic and persevering treatment; or they persist and, in the latter case:

VI. Relapses occur after periods of latency, when the bacteria penetrate anew in great numbers into the circulation.

VII. The more recent the period of infection, the greater the number of bacteria in the body and certain of its organs. In consequence in the later periods there are:

1 Gradual diminution of the influence of infection.

2. Gradual diminution of the possibility of hereditary transmission.

3. A rarer appearance, and solely in isolated spots of morbid collections.

VIII. Moreover, there occurs gradually, perhaps through the influence of accessory chemical products provoked by the bacteria, an alteration of the tissues which constitutes, in the remote periods, the basis of the gummatous forms.

IX. Mercury is a direct poison to the bacteria, and consequently if it be employed in proper dose and for a sufficient length of time, it should have a preventive action against the appearance of the gummatous period. Iodide of potassium accelerates the resorption of neoplasms in small doses for the symptoms at their onset, and in a most striking manner the gummatous products.

X. As concerns the variable malignity of the disease, it is controlled, making exception of original constitutional abnormalities, viz:

1. Principally the quantity of virus which has suddenly invaded the organism; and consequently its evolution depends upon the energy of the treatment.

2. Perhaps, also, to the variable quantity of the virus which by the immunity due to a previous infection, and to the heredity of that immunity through several generations,has produced an attenuation.

Second Manifestation of Acquired Syphilis in the same Individual.—Whilst various instances of the acquisition of syphilis a second time by the same individual are on record, it is however customary to consider that one attack gives immunity from a second, of course reference being made only to the genuine hard chancre, associated with its subsequent developments. That the general rule is however subject to exceptions the testimony of competent men place beyond doubt. Jonathan Hutchinson, in his Pedigree of Disease, narrates two cases, both in

the medical profession, the first patient exhibiting remarkable severity in both instances. The other presented also the peculiarity of having also suffered from two attacks of variola. Cooper in his book on Syphilis and Pseudo-Syphilis, p. 252, refers to two cases under his own observation occurring at intervals of from three to five years. Both patients presented for a second time the indurated sores followed by roseola, and both had been subjected to a nine months' course of mercury for the first attacks. Zeissl first called attention to the occurrence of re-infection, and since that time numerous cases have been reported by others. Keyes in his book on Venereal Diseases (Wood's Library) justly calls in question many of the cases of re-infection recorded by Diday, Koebner and Gascoyen, claiming that the evidence advanced showed the existence merely of a pseudo chancre (Keyes p. 26), and adds that "second attacks are not so common after all." But second attacks certainly do occur. Hutchinson's case, observed in a physician, cannot be questioned, and many others equally convincing exist where, for a second time, a patient has had an indurated chancre after a long period of incubation, followed by ganglionic enlargement, secondary eruptions and lesions upon the mucous membranes, passing through a course characteristic of syphilis. Speaking of some of the cases reported in general, Keyes remarks that an attentive reading of most of these cases of so-called second infection makes it clear that there is no second attacks at all, but that that form of pseudo-chancre exists which is not at all uncommon, and is really a small,solitary ulcerated gumma of the penis, and is very frequently observed late in syphilis even upon patients who do not practice sexual intercourse at all.

Soft Chancre from an Iodoform Brush.—Dr. Lester, of Leipzig, reports that he infected a young girl by dusting some iodoform over an abraded surface on her forearm with a brush which he had used two days previous on a patient suffering from soft chancre.

The above is from the Indiana Medical Journal. Unless there is some mistake about the observation we shall scarcely be able consistently to smile at the frontier men in Spain who disinfected the carboys of carbolic acid. It certainly shows that common cleanliness is necessary whether we use antiseptics or not.

Complete Removal of the Cereaellum in a Dog.—Prof. Luciani has successfully removed the cerebellum from a dog. The coordinating movements whilst somewhat disturbed during the process of healing were completely restored when the wound was healed. Whilst the process of locomotion was not as vigorous as under normal conditions the impairment did not seem to arise from inco-ordination but rather from lack of muscular tone. When the dog was put into water the movements associated with the act of swimming were performed without any difficulty or irregularity, but when the animal attempted to land the muscular force was insufficient.

Pilocarpine in Acute Erysipelas.—The following interesting case, associated with the use of pilocarpine comes from the clinic of Professor DaCosta, and is reported in the College and Clinical Record:

"I have here a case to show you which I think will interest you, as it brings out rather a novel treatment of erysipelas. I intended to exhibit this to you this morning as a case of erysipelas, but I find that the erysipelas is gone. I, therefore, can only speak of the treatment, which has proved more quickly efficacious than I supposed it would.

"This man, B. K., 32 years of age, a fireman, was admitted only day before yesterday. This is the record upon admission: 'He says that he was quite well yesterday (November 12), but did not go to work, as he was celebrating the election. In the evening, according to his statement, he was not drunk though he had been drinking a little, and became engaged in a very earnest political discussion, when some one equally earnest struck him in the right eye, making a bruise on the

cheek and a small lacerated wound of the eyebrow,' the evidence of which you see for yourselves. The man at that time was quite well, although under the influence of liquor. 'During the night he had much pain in his eye, and in the morning the eyelids were edematous, and the cheek likewise swollen, red, and burning.' When he applied for admission the inflammation was confined to the right side of the face, but it spread rapidly, and the same afternoon both eyes were closed. It is worth adding to this history that he had slept out all Wednesday night after receiving the injury. He was admitted on Thursday morning with erysipelas of the upper part of the face, which was rapidly spreading over the brow. His pulse was 80; temperature 102.8°; respiration, 22. The urine was examined, with a negative result. He was ordered tincture of the chloride of iron, twenty drops every three hours, but only received one dose; as the disease was rapidly spreading, and something was needed to make a prompt impression, I used another and more active agent. This was not the first case in which I had used this remedy, but it was the first in which I obtained such relief. He received, hypodermically, one-sixth of a grain of the muriate of pilocarpine. The result was remarkable. Here is the temperature record; the temperature fell from 102° to 99½°. He sweat profusely for an hour and a half, and there was no further development of the erysipelas; not only did it not spread further but what did exist quickly subsided. No local treatment was employed, not even cold applications; therefore, whatever success was obtained was from the pilocarpine.

"I call your attention to this treatment of erysipelas. I said that it had not been my first case, although it was the most striking case I have seen. As long as five years ago I used jaborandi in the treatment of erysipelas until sweating was produced, and, I thought, with the result of checking further development. In one case with high temperature the disease had already made some headway, and did not subside so quickly. Under the use of iron the disease had not been controlled, but the fluid extract of jaborandi, given every two hours, checked it. I have since used the jaborandi in connection with the iron at times with good results. This is, therefore, not a new treatment with me, as I have used it for some time. Jaborandi and pilocarpine, its active principle, are, of course, similar in their effects.

"I have called your attention to this treatment, not because I believe it will be followed by the same result in every case, but because it is worthy of a trial. If you get a case of erysipelas in its beginning, use pilocarpine. It has saved this man a long and dangerous illness; and, as he had been drinking, as he says he had, the results might have been serious. In the use of this treatment it should be borne in mind that, in order to be fully effective, profuse sweating must be produced."

Prof. Nothnagel's Ideas on the Treatment of Fever.—The Therapeutic Gazette (Wiener Med. Woch.) writes:

"On the occasion of Dr. V. Jaksch presenting his experiments with thallin, the new antipyretic, to the College of Physicians, of Vienna, Prof. Nothnagel, one of the most eminent physicians in Europe, addressed the society on the abuses in treating typhoid fever and all other fevers. The great error of the day, he said, is, that the physician thinks the fever is to be reduced at all cost. If a physician is called to a patient and he finds an increase of the normal temperature, yet is unable to form a diagnosis at once on account of the absence of other symptoms—he orders quinine and another antipyretics, while, in order to avoid risk to the patient, a small dose only of quinine is prescribed. But what is the benefit of such a treatment? Does quinine act antipyretically in doses of 10 to 15 grains per diem? Certainly not; such medication can not but injure the patient. Fever is by no means a phenomenon which has to be treated at all hazards like its local occurrence in inflammation, for instance. Fever is one of those beneficent reactions that are compensatory in their nature; it is a bridge

as it were, for the transition of the diseased organism to its prior state of health. He referred to the interesting researches of Metchinikoff, according to which microorganisms were prevented from propagating themselves by an elevated temperature. A reduction or entire abatement of the febrile temperature does not shorten the duration of a disease a single day. Some typhoid affections, indeed, which without any therapeutic interference proceed without fever, prove fatal from other intercurrent causes. Cases of persistent or very high febrile temperature only call for an antipyretic treatment."

On Life-Saving from Drowning by Self-Inflation.—Dr. Henry R. Silvester, who is a Fothergill Medalist of the Royal Humane Society, makes the following remarkable suggestions in a recent number of the Lancet, (Journal American Medical Association). He has already demonstrated at the International Fisheries Exhibition the possibility of inflating the subcutaneous space in animals so as to render them sufficiently buoyant to be employed either singly or yoked together to convey persons from a wreck to the coast; and later, by means of a blowpipe and elastic syringe, he inflated at the wrist the subcutaneous tissue of the whole body with the result that in a few minutes sufficient air passed under the skin to support a weight in water of between forty and fifty pounds. This amount is considerably more than would be required to preserve a person from drowning, nine or ten pouuds being considered sufficient.

His proposed operation consists in making a small puncture—not larger than would allow, for instance, of the passage of an ordinary blow-pipe—in the mucous membrane of the inside of the mouth, the object being to open a communication for the passage of air from the cavity of the mouth into the subcutaneous spaces of the neck. The situation chosen for the puncture is in the angle formed between the gum of the lower jaw and the side of the under lip or cheek about opposite the first molar tooth of the lower jaw. The point of the instrument perforating should be passed down a short distance between the skin of the side of the face and the superficial fascia of the neck, taking care not to puncture either the skin or the superficial fascia. This having been done, and the instrument removed, in order to inflate the skin of the neck and chest, the patient should close the mouth and nose, and make a succession of forcible expiratory efforts, when the air contained in the cavity of the mouth will pass freely into the subcutaneous tissue of the neck. These expiratory efforts, inspiration being effected through the nostrils, should be continued until the skin is fully distended with air, which will pass readily to both sides of the neck and down the chest as far as the nipples; and this is all that is required to render the body buoyant in water. Should it so happen that the superficial fascia has been punctured and the air pass beneath it, the only difference in effect would be that the extent of air would be limited by the attachments of that membrane to the clavicle below and the border of the jaw above. The amount of air which the skin of the average neck is capable of holding without undue distension has been measured, and found to be enough to support 10 lbs. and this is amply sufficient to support the body immersed in water. The time required for inflation is found to be less than three minutes. The neck may be kept in an inflated condition by closing the puncture by pressure on the outside of the cheek by the finger, or by keeping the mouth distended with air; and when required the air may be immediately discharged from the neck by allowing the puncture to remain open, or by suction.

The advantages he sums up as follows:—1. The proceeding is perfectly harmless and almost painless, quickly done, and almost immediately recovered from. 2. It may be learned in a few minutes, no technical knowledge being required, and may be accomplished by the person himself without assistance. 3. No special apparatus is required. In an emergency the point of a penknife, or

even a sharp pointed splinter of wood, is all that would be required. The inflating apparatus is the person's own lungs. 4. The air could be repeatedly re-inflated, and even during prolonged immersion.

Points in the Surgery of the Kidney. —W. H. Morris, Surgeon to the Middlesex Hospital (British Medical Journal), in discussing some points in the surgery of the kidney thus summarizes the discussion of the symptoms which should guide the operator:

1. Altough hematuria, associated with frequency of micturition and a small amount of pus in the urine, is, in the absence of disease in the lower urinary tract, strong evidence in favor of renal calculus, yet pain either in the loin, groin, or testicle, of one side, is also needed to justify the surgeon to explore the kidney through the loin.

2. Pain alone, when persistent, or frequently paroxysmal, and giving rise to sickness and sweatings, or subject to exacerbations during perfect rest, justifies lumbar exploration. When there is a history of hematuria, without pus, or a trace of pus without a history of hematuria, associated with one-sided pain, the exploration ought to be made if alkaline treatment has failed.

3. When the above symptoms occur in persons with acid urine, or of gouty tendency, or who live sedentary and indulgent lives, alkaline treatment and diet ought to have a prolonged trial before proposing an exploratory incision.

4. When the urine is alkaline from carbonate of ammonia, and not from fixed alkali, the alkaline-treatment should be tried, on the ground that urine, very acid when secreted, irritates and inflames the mucous membrane, and so causes the alkalinity which is found when the urine is discharged from the body.

5. Under certain circumstances an abdominal exploration in search of calculus is justifiable when there is nothing to specialize which kidney is the seat of the stone.

6. If strumous, not calculous, kidney causes the above symptoms, the lumbar incision of the kidney may give great relief, by affording exit to pent-up pus. An exploratory incision, under these circumstances, is a very advantageous thing.

7. Under the circumstances previously stated, digital exploration of the bladder, in search of calculus in the ureter, ought to be made; and, if a stone be found in the vesical orifice, it ought to be removed.

8. Removal of a calculus impacted in the ureter, by intraperitoneal urethrotomy, is feasible, and in certain cases ought to be practiced.

9. Exploration of the kidney should not be considered complete till incision of its substance has allowed of the thorough examination of the calyces; and nephrectomy for calculus, in kidneys not disorganized, ought not to be entertained until after free incision of the kidney and digital exploration of the bladder have failed to disclose the calculus.

10. Exploration of the bladder, in the female certainly and in the male generally, ought to be made before nephrectomy is resorted to for hydronephrotic and pyonephrotic tumors.

11. A stone in one kidney will sometimes excite sympathetic pain and irritation in the opposite one; but this transferred pain is of an aching character, not spasmodic or colicky, and it should not deter the surgeon from exploring when there is well marked and frequently recurring pain in the opposite loin.

12. Experience suggests that after lumbar exploration of the kidney the patient should keep on his back, and a well adjusted compress should be placed on the abdomen over the front of the organ explored; as there is, though rarely, a tendency for the kidney to fall away from the loin, and delay the completion of the healing of the wound.

The Cerebral Arm Centre.—Dr. J. Wiglesworth read a note at the Liverpool Med. Inst., on tha cerepral arm centre (with specimen). The specimen was a brain removed from a female epileptic, who had died at the Rainhill Asylum, aged fifty-six· Her left arm was amputated when she was four years, leaving only a movable stump remain-

ing, so that for fifty-two years she had had a nervous centre with but little to do. It was to be expected that the brain would show this in imperfect development of the centre for arm movement. The specimen showed that the inference was perfectly correct, the ascending parietal convolution of the right side being not more than half the size of that of the left.—London Med. Press, Jan. 14.—Analectic.

Micro-organisms and the Germination of Plants.—M. Duclaux has recently sent a communication to the Académie des Sciences on "The Germination of Plants in Soil Freed from Micro-organisms." He chose for his experiments the Dutch pea and the haricot bean, the first of which has its cotyledon in the earth, the second on the surface. The soil having been sterilized before the seed was sown, germination did not take place. This soil was also covered with milk, but this was not altered. Thus it seems that it is essential to germination that there be micro-organisms in the earth.

Mr. Pasteur thus also states that he has found, by experiment on animals, that food which is free from micro-organisms cannot be digested, as they are necessary to the process of digestion.—Journ. Amer. Med. Assn.

Gonorrheal Rheumatism in an Infant, the Result of Purulent Ophthalmia.—Dr. B. C. Lucas communicates with the British Medical Journal with reference to a case of the above character. The observation is indeed one that is noteworthy.

"I am not aware that any connection between ophthalmia neonatorum and synovitis has ever been observed or described; but there seems no just reason, if, as is generally supposed, the synovitis of gonorrhea is the result of absorption of morbid products from the urethral mucous membrane, why the conjunctival mucous membrane should not offer an equally favorable absorbing surface. I have seen not a few cases of purulent ophthalmia in infants, but my memory can recall no previous instance in which this affection was associated with synovitis; still, the number of cases of purulent ophthalmia coming under my observation is to the cases of gonorrhea, perhaps, not more than as one to a hundred, and the proportion of gonorrheal rheeumatism to gonorrhea is not great. Hence it is not unlikely that my experience has hitherto been too limited for the observation, rather than the association of the two affections should be accidental and unrelated.

The following case was brought among my out-patients on Thursday, February 12, 1885, and was referred to me by my colleague, Dr. Horrocks. The mother, who brought the infant, stated that this was her seventh child, and that the patient and one other were born of a second marriage. When seen, the child was eighteen days old and was suffering from purulent ophthalmia of both eyes, for which it had been treated with lotion to be applied every hour.

The mother stated that, about a fortnight before delivery, she became the subject of a thick purulent discharge from the vagina, and there cannot be the slightest doubt that the child's eyes were inoculated during delivery. It was on account of the condition of its joints that the case was referred to me. The mother had noticed that the left knee was enlarged, and that the infant dropped the left hand, and cried when these were touched or moved. On examination, it was found that the left knee was swollen, and that there was effusion into the joint, whilst the cause of the dropping of the hand was found to be a synovitis of the wrist, which was swollen, and creaked when moved. It is scarcely probable that the inflammation of these two joints could be referred to any other cause; and, in my own mind, there exists no doubt whatever that this was a case of gonorrheal rheumatism, consequent upon absorption from the conjunctival surface."

Hysterical Fever.—The Paris Correspondent of the British Medical Journal says: Some medical men will not admit that hyster-

ical fever exists. M. Debove, at a recent meeting of the Société Médicale des Hôpitaux, described a case which he considers thoroughly conclusive in the affirmative sense. A young woman, twenty-four years of age, whom he had treated during five years, presented all the symptoms of hysteria, multiple paralysis, contraction, violent convulsions, etc. Three years ago she had a shivering fit, followed by an increase of temperature and violent perspiration; this attack lasted three or four hours; after it, the temperature was never lower than 38° Centigrade (100.4° F.). There were subsequent attacks, and the temperature rose to 30° and 40° Cent. (102.2° and 104° F.). M. Debove believed the patient to be suffering from intermittent fever, but the spleen remained normal, and the general condition remained good; the hypothesis of tuberculosis was therefore rejected. The patient had another attack which lasted fourteen days, with a temperature of 40° and 41° (104° and 105.8° F.); the skin hot, a dry tongue, a semi-delirious condition, and constipation. All the organs remained in a perfectly normal condition. Quinine was administered with negative results; three days after antipyrin was given to the patient, the fever disappeared. Since, the general condition has been satisfactory, but the temperature remains at 38° Cent. (100.4° F.). M. Debove concludes that this high temperature, with frequent attacks of fever unaccompanied by any other disturbance, is to be attributed to hysterical fever. This phenomenon has occurred in both sexes, and can only be explained by the thermic nerve-centres being stimulated, which also demonstrates the possibility of increased temperature in hysteria.

Purulent Ophthalmia in Infants.—At a meeting of the Harveian Society of London Mr. Cowell read a paper on this subject that had for its special aim to show that the large amount of blindness due to this disease could be avoided if (1) the people could be instructed as to its dangers, and if (2) medical men universally recognized the futility of only temporising measures. This object could best be attained by unremittingly, and by every means, endeavoring to diffuse a knowledge of the disease and of its dangers, through the dispensaries, the lying-in inititutions, and the visitors of the sick poor. Prophylaxis was the next important duty. In respect of treatment, the first essential was that no time should be lost. The indications were (1) to remove the conjunctival discharge as rapidly as it formed, (2) to relieve tension, (3) to watch and treat the complications. In addition to the usual rules of treatment, Mr. Cowell recommended that the affected eyes should be cleansed every quarter of an hour with weak antiseptic lotion, and the conjunctiva painted with solution of nisrate of silver (four to six grains to the ounce) daily in severe cases, twice or thrice a week in mild ones, the free solution being washed away with antiseptic lotion. When there was much discharge, alum or boracic acid might be added to the lotion. The cul-de-sac under the upper eyelid required careful washing out. The ablutions might be less frequent during sleep, and gradually diminished as the discharge lessened. Where severe chemosis occurred, early scarification was necessary. Mr. Juler inquired whether severe cases could be diagnosed early from milder ones. He quoted some investigations of Dr. Widmark (Revue Générale d'Ophthalmologie, September, 1884), in which twenty-two cases of purulent conjunctivitis had been examined (four adults, and eighteen infants). Bacteria, described as gonococci, were found in the majority in the fluid, in the pus-cells, and in the epithelial cells. In the adults, he discovered gonococci in the urethal secretion; and in the infantile cases, in the urethal discharge of the mother. The gonococcus was absent in six of the infantile cases, which ran a mild course. The antiseptic lotion used for the ablutions should be weak (0.5 per cent carbolic or boracic acid). The conjunctivæ, if severely swollen, should be freely sacrificed; and, if eversion of the upper lid were impossible, the outer canthus should be divided. Mr. H. Power said that, when due

to gonorrhea, cases were likely to do badly unless they received skillful treatment early. On a wide average, cases if seen in the first week, would recover; if in the second week, they would run a dangerous course; if in the third week, they were hopeless.

S. J. Jones, M. D., LL. D., has taken the editorship of the Chicago Medical Journal and Examiner, left vacant by the resignation of Dr. J. Nevins Hyde.

Laparotomy for Gun-shot Wound.—The first successful case of laparotomy for gun-shot wound done in this country, and the second on record, is reported in the New York Medical Journal, of February 14, by Dr. W. T. Bull. A man shot in the abdo- by a bullet from a revolver (caliber No. 32), was admitted into the Chambers Street Hospital, New York, where, twelve hours after the accident, Dr. Bull saw him. The wound was situated at a point an inch and a half below the navel, and an inch and a half to the left of the median line. Seventeen hours after, having convinced himself by probing the wound that the bullet had entered the abdomen, Dr. Bull made a median incision through the abdominal wall. The gut presented, and on careful examination seven perforations were found. These were all closed with silk sutures. The search was continued, and the bullet was at last found lodged in the wall of the sigmoid flexure. The wound in the abdomen was closed after the cavity had been thoroughly cleansed with a solution of carbolic acid (two and a half per cent). As a preliminary to the operation carbolic acid by means of the spray was diffused through the room, in which was a maintained a temperatnre of 80° F. All solutions were used warm.

Treatment During the Paroxysms of Angina Pectoris.—After recommending salicylate of soda, arsenical preparations, aconite and quinia as a general treatment for angina pectoris, Dr. Henri Huchard, of Paris, says:

In the access and during the paroxysms, inhalation of nitrite of amyl is immensely the most available and ready means of warding off the attack and affording relief. The safest and most convenient mode of using it consists in the employment of small capsules or tears of glass, containing each five or six drops of the nitrite, which the patient can crush and inhale the contents as occasion may require. Prepared in this way medicine undergoes no alteration and is always ready for use in the proper dose.

CONTRIBUTIONS.

HYOSCYAMINUM SULPHURICUM.

BY L. CLARK TONEY, M. D., TRENTON, Ill.

Two years of practical observation and experience in the New York City Female Hospital of 1,500 or 2,000 patients, has taught me to look upon this agent with no small degree of confidence and enthusiasm. This alkaloid was practically and originally introduced first on Blackwell's and Ward's Islands, New York City.

It is an amorphous crystalline body, odorless and readily soluble in alcohol, sparingly in water. It is made at Darmstadt and "Merck's preparation" excels any I ever used for efficacy and reliability. I consider it the the most reliable medicine in the materia medica. I gave four or five hundred hypodermic injections of it during my two years as "interne" and I feel amply qualified in saying that no remedy has as yet been introduced, which is in effect as speedy and reliable as hyocyaminum sulphuricum. The dose we usually began with was $\frac{1}{40}$, and increasing to $\frac{1}{4}$, according to severity of the case; $\frac{1}{12}$ is the ordinary dose given. The usual, and I might say, the almost universal symptoms following its administration are:

1. Dilatation of the pupils.
2. Dryness of the fauces and consequent thirst.
3. "Drunken man's" gait or locomotory loss of power.
4. Occasional vomiting, especially when given by the mouth.
5. Hallucinations and delusions.
6. Sleep after heavy doses.

I have seen cases of acute mania rapidly convalesce under its quieting influence, and have seen those who refused to eat, quite

well satisfied to eat after its effects had worn off (here was exerted a mental influence). I have seen it calm the epileptic furor, when nurses built "a la Sullivan" failed to handle or control. And we frequently gave it to relax muscle, to reduce dislocations and "set" fractures. Its effects usually last, when given in good doses, ten or fifteen hours. It must be repeated when effects wear off, of course.

The moral or mental effect is astonishingly great among the maniacal. In Bellevue Hospital I used it on those suffering with mania a potu and found no substitute for it. Therefore an excellent remedy to administer to the young man in a "high toned" neighborhood whose family and physician wish it kept from the knowledge of the public. An excellent remedy to use when the family do not wish the patient to be confined to an asylum or inebriate hospital. An excellent and magnificent remedy to produce muscular relaxation for reductions.

The most convenient per cent to make is a ½ per cent solution.

I hope this great boon to the profession will be more fully appreciated by the profession and become more widely known and more generally administered.

REPORT ON PROGRESS OF MEDICINE.

BY DR. J. R. L. CLARKSON, MOBERLY, MO.

Read before the Moberly District Medical Association. February 1885.

Having been appointed one of the committee on progress,and medicine and therapeutics, being assigned to me, I respectfully submit the following. Of the many things new which have fallen under my observation I have endeavored to present such as I think promise good practical results. A very important discovery is the application of hydrochlorate of cocaine as a local anesthetic. It is used by the application of a two or four per cent solution to the part, or by hypodermic injection into the skin, or mucous membrane, or under them. It has been chiefly used on the mucous membrane of the eye and the throat. There is a little smarting at first, which soon passes off and insensibility comes on, in from three to twenty minutes. In great inflammation and pain a second or even a third application may be necessary. The anesthesia is so complete as to allow the eyeball to be handled with forceps without pain. This, with the dilatation of the pupil, passes off in a few hours at most. For operation on the eye and throat this article seems to be invaluable. In addition to its anesthetic powers it has curative effects on diseased mucous membranes, and even where it did not produce entire insensibility it relieved inflammation by causing contraction of the blood-vessels; but it is not considered equal to eserine for this purpose. When taken internally it is said to act as a narcotic, but it is more probable it acts as a euphoric. It in all probability produces a greater or less degree of insensibillity of the mucous membrane of the stomach, and this may account for the use of the leaves of the plant' by the natives of Bolivia to enable them to endure hunger and fatigue. But this again may be on account of its euphoric power. It has proved useful in nasal catarah, used as a snuff, or the solution as a spray; in dysmenorrhea, applied to the os tincæ; it allays pain in a sensitive vagina; also the pain caused by the use of caustics; and I think it will prove a valuable remedy in gonorrhea and dysuria. Its uses in surgical operations will probably be reported by another member of the committee. Its high price, seventy-five cents a grain, will no doubt curtail its use, and it will no doubt continue high, for the best leaves are seventy-five cents per pound in their native country, and only yield one-fifth of one per cent of the active principle.

Nitro-glycerine has acquired a high reputation for the cure of angina pectoris. I tried it in two cases with good results. It produces a sense of fullness in the head; and is said to increase the flow of blood to the brain. In that way it cures anemic headache. I have not tried it, but think it would be valuable in syncope; and in cases in which too much chloroform had been given or in which bad effects followed the use of that drug even in moderate quantities.

At our last meeting I presented a clinical case which the committee appointed to examine it, pronounced spinal irritation; and recommended the use of ergot and bromide of potassium. I put the patient on that treatment and kept him on it for two weeks with no perceptible benefit. I had previously tried all the remedies usually given in that disease, without benefit. So when the ergot and bromide of potassium failed, I prescribed fl. ex. piscidia, in twenty-five drop doses, four times a day. In three days he was much better and in two weeks he could work about half the time, and in two more weeks he was so well that he ceased his visits.

I have used piscidia for over three years and have had it fail but once. In urgent

and violent cases requiring a narcotic I have not tried to substitute it for opium. But in chronic cases, and when the pain is not very severe and when there is no diarrhea, I use it in preference to any other narcotic, and generally with the happiest results. Two cases are reported of its having produced convulsions when given in not very large doses. I have not seen any bad results from it, but sixty drops is as much as I have ever given at once; although two drams are sometimes given. It is not followed by nausea, depression nor constipation. It relieves the pain and produces what seems to be a perfectly natural sleep. It does not create an appetite for itself. I have used it for neuralgia, dysuria, pain in the stomach and bowels and head, indeed for pain in almost every part of the body. In insomnia I look on it as a blessing to humanity.

The strong probability of the advent of cholera this next summer has turned attention to that terrible disease. Its ravages in Marseilles, Toulon and Paris and in a large part of Italy afforded a fine opportunity for scientific investigation, yet little progress has been made in determining its cause, pathology or treatment.

Koch, the distinguished German scientist, visited Egypt and France for the sole purpose of investigating cholera. He thinks he has discovered the cause in what he calls the cholera bacillus, described as being the shape of a comma. He cultivated them but was not able to produce choleraic symptoms by introducing them into other animals. He claimed they were only found in cholera patients or in connection with them. But this is denied by many investigators. Dr. Timothy Lewis, of Netly, says they are ordinarily present in the mouths of perfectly healthy persons.

As to treatment it is hardly claimed that there has been any advancement at all. There is a theory that cholera only exists where the people use water more or less impregnated with lime, or what is called limestone water. I mention this because if it is true, it is of immense practical value. I have had so many facts presented to me in favor of this theory, and it is of so much importance to us all if we have cholera to deal with, that I feel justified in presenting it here. I have had experience in two epidemics of cholera. I found the first, or diarrheal stage, nearly always curable. It usually lasts from twelve to twenty-four hours, before vomiting commences. A purgative dose of calomel with some preparation of opium usually checks the disease. Of course there are cases not ushered in by diarrhea.

While we have made little progress in the pathology and treatment of this disease, we have made progress in its prevention. Most writers think the germs are carried in water, by the hands of those who are near cholera patients, or by any other solid article, from the patient to the mouth and thence into the stomach and intestines; and that these germs do not float in the air. If this be true it is a matter of the greatest importance, for it enables us to prevent, or at least curtail, the spread of the disease. Water should not be used from wells that have surface drainage. If no other water is to be had, the well should not be near any privy, cess-pool, sewer or drain or drainage pipe. All dejections should be thoroughly disinfected or burned, or buried a long distance from the well. The attendants bodies and clothes should be disinfected, as well as the bed, bedding and room of the patient. On the other hand, if the germs float in the air, we have no way of preventing the diseases preading, except by prophylactics. Very dilute sulphuric acid is said to be one.

Of therapeutic progress Dr. Squibbs makes the following notes in a recent paper:

Physicians are taking greater care of patients and guiding them to recovery, rather than attempting to cure the disease.

More now than formerly they give remedies to secure definite effects, and are not so much trammeled by arbitrary doses.

They take greater care to secure pure drugs and use them in more concentrated forms, especially as fluid extracts.

CLINICAL LECTURES.

PARALYSIS OF ARM RESULTING FROM DISLOCATION, ETC.

BY H. B. SANDS, M. D.,

Professor of Practice of Surgery at College of Physicians and Surgeons, New York.

Delivered at the College of Physicians and Surgeons, New York.

Case I.—Paralysis of Arm Resulting from Dislocation.

Male. Had downward dislocation of left shoulder a fortnight ago. The dislocation was reduced but the patient has not regained the use of his arm. The dislocation involving the deltoid muscle, is of slight degree and is easily recovered from. It depends upon the injury to the circumflex nerve, which is chiefly distributed to the deltoid muscle.

Where the deltoid undergoes atrophy after dislocation and does not regain power the circumflex nerve has been severed and the divided ends have not united. I do not think that this paralysis is limited to the deltoid muscle. The whole arm hangs in a very helpless way, and he is unable to use other muscles than the deltoid. He has lost the power of the biceps and brachialis anticus muscles which are supplied by other nerves coming from the plexus. Furthermore, we observe indications that the musculo-spiral nerve is affected. He is unable to bring into contraction the extensors of the hand. He has full power of the muscles that flex the fingers. I employ the needle to discover whether he has paralysis of sensation and I find that there is no sensibility along the distribution of the external cutaneous nerve, and also in the hand along the cutaneous distribution of the median nerve. Along the ulnar distribution both in the forearm and hand he has diminished sensibility. This is a case, then, in which there has been injury to the principal nerves of the brachial plexus. Doubtless this injury was caused by the impaction of the head of the bone. It is always well to ascertain what amount of force has produced the injury. In compound fractures, if we suppose that the fracture has been produced by the wheel of a heavy vehicle passing over the limb we know that the injury must be severe. This man fell from a cab upon the ground. The head of the bone was driven down into the axilla and has caught the nerves of the brachial plexus and has contused them so severely that this paralysis is noticed two weeks after the accident.

The prognosis is very important here and it must be guarded. Inasmuch as the lesion is not central and as there is no reason to believe that the large cords of the brachial plexus can be torn across as the smaller nerve of the deltoid,we may say that the prognosis after all is hopeful. It is quite likely that at the end of two more weeks he will regain some movements and some sensibility. He should not be left to himself. I think that friction and the use of the electrical current will be serviceable in accelerating his recovery. The lesion is a nerve lesion. There is no muscular disease and no bony impediment to motion. It is simply a case of paralysis in consequence of injury to the cords of the brachial plexus. We sometimes see similar injuries where Esmarch's bandage is used and great compression is made upon the nerves of the arm. Hence in applying Esmarch's bandage care should be taken not to use it too firmly and not to leave it on for a longer period than is absolutely necessary. A similar loss of power I have noticed in some cases where patients have gone for a long time on crutches which were hard and not padded. I do not remember any instance where the paralysis from pressure has been permanent, and this leads me to take a hopeful view of this case.

Case II.—Lymphoma of the Neck.

Female. Has a tumor of the neck. This swelling in the neck may be secondary to a growth in the tonsil. Primary malignant disease of the lymphatic glands is rare. This case is not very clear as regards diagnosis,she has had this swelling since last winter. It has become considerable in size, nearly as large as a lemon. It is situated laterally in the anterior region of the neck over the sterno-cleido mastoid muscle. This swelling originating in the septum of the neck I suspect to be of malignant origin. The nature of the swelling I am not so sure of. The tumor is exceedingly firm. It is firm enough to suppose the idea of its being a scirrhus carcinoma, and yet there is part of the swelling which is very red and which I think fluctuates. Carcinomata very rarely suppurate. Degenerated lymphatic glands, however, do very often suppurate and therefore this inflammatory swelling raises presumption in favor of being non-malignant. The common swellings in the neck affecting the glands are called simple hyperplastic lymphomata. After a while these swellings undergo degeneration,either fatty or caseous. There is produced a material which is regarded as tubercular. This cheesy material is liable to set up at any time an inflammation of the glands, and to cause abscess. The character of the inflammation over this gland rather favors the idea that this is an inflammatory swelling. I hardly know what to advise in this case. I am quite sure that medicine will have no control over this case. I have doubt in regard to the propriety of extirpating the gland. This abscess is going to break through the skin presently, and perhaps when the abscess does break the gland will itself disintegrate and gradually come away. Perhaps such discharge may be facilitated by some operation in the way of scraping out the cavity. The operation which suggests itself as the golden mean and most certain to bring about speedy cure is that of extirpation. The only objection is the close adhesion of the tumor to the surrounding parts and the depth to which the tumor lies. Nevertheless, I think, that probably it is not so firmly adherent to the sheath of the carotid

and internal jugular but that it might be removed with safety and if the woman desire it, it will be proper to proceed to the operation of extirpation. If she is timid and opposed to this it will be best to open the abscess and scrape away anything found there and perhaps to facilitate the discharge or breaking down of material by the application of caustic. Potassa fusa, Vienna paste or chloride of zinc made in the form of pointed sticks that can be thrust into the tumor are the best. Take care not to thrust deeply for fear of implicating vessels which may be opened by caustics as well as by the knife. I have seen a number of serious hemorrhages occurring at the hands of quacks, who, instead of applying the knife, have applied caustics to tumors and have gone beyond the limits and have opened some large vein or artery. In some lymphatic swellings of the neck we give medicine, especially in the case of multiple lymphoma.

CASE III. HYPERTROPHIC BRONCHOCELE.

Male. Austrian. Has a movable tumor of the neck confined to the right side. It is deeply situated. The tumor ascends with the trachea during the act of deglutition. This is regarded by some as characteristic of bronchocele. On finding a tumor in this situation rising and falling with the trachea and in a person who has lived half his life in some mountainous region we suspect bronchocele. This is not a pathonomonic sign as other tumors may become adherent to the trachea and the movement of the trachea may be imparted to them. The sign often fails in real cases of goitre where the swelling extends from the upper part of the neck to the clavicle. Sometimes the tumor is so large that it conceals the trachea. Very often the trachea is thrust to one or the other side. Assuming that this is a case of bronchocele we have to diagnosticate the different varieties of this disease. There are a number of separate kinds of swelling of the thyroid gland. First there is simple hypertrophy of the gland. This may be regarded as the typical form. All the other varieties are developed from this except exophthalmic goitre, which is usually excluded from the character of bronchocle, inasmuch as the enlargement of the gland is only one element of the disease which has rapid and feeble heart action and protrusion of the eyeballs as its characteristic symptoms. Hypertrophic goitre occurs sometimes on one side, sometimes on both sides and sometimes it is confined to the isthmus. There are very many persons especially women, who have a slight enlargement of both sides of the thyroid body just enough to cause the neck to increase in thickness, and the Germans use the phrase "Dicker Hals" to express this condition. This swelling is situated on the right side and I suspect that it is simply hypertrophy but it is quite firm on making pressure. The very firm varieties of goitre are know by the names of fibrous or fibroid goitre. Here the swelling is due not so much to the multiplication of the follicles of the thyroid gland, but to the proliferation of connective tissue. The stroma of the gland increases beyond the follicular or glandular elements and sometimes causes these elements to be repressed.

There is another form of goitre known by the name of colloid or gelatinous goitre, where the disease begins as simple hypertrophy. The accumulation begins in the follicles, which are very distended and multiple, and the stroma increases. After a while the fibrous elements ceases to increase. The vesicles are crowded one against another so as to cause atrophy of the connective tissue and the contents become quite flabby and gelatinous. This kind of goitre can hardly be present in this case, for the tumor is exceedingly firm, whereas colloid goitres are quite soft. Finally there is a variety of goitre known as cystic,which is like the others,developed from the hypertrophic form. It may be regarded as a further change converted from the colloid variety. The connective tissue becomes absorbed, the contents of the follicles become quite fluid, the various follicles coalesce and by the breaking down of numerous follicles and disappearance of connective tissue there is created a cavity called a cyst, and we have the cystic variety of goitre established. The cysts may be on one side or the other. This is either a fibroid goitre, which I doubt, or hypertrophic goitre, which seems most proper. The disease causes the patient very little inconvenience and scarcely causes any deformity. He should be treated by the administration of iodine. This is the only drug which has any deserved reputation in the treatment of goitre. In very many instances it proves to be the specific. It is especially useful in cases of hypertrophic goitre, and, on the other hand, it is useless when administered internally in cystic goitre. It may be administered in several ways. Internally it is given in the form of tincture or Lugol's solution, or we may give potassium iodide, but it is not so efficacious. The tincture of iodine is commonly employed for this purpose. Considerable amounts have to be taken sometimes before the effect desired is produced. Two drams a day may be given in divided doses. Watch the patient during the

administration of the drug to prevent poisonous effects. Iodine may be given externally. Some surgeons direct the tincture of iodine to be applied over the gland, which is objectionable for two reasons. In the first place it causes great irritation of the skin, and, secondly it is not absorbed. A better application is one which does not contain iodine in the concentrated form and does not contain alcohol. One part of iodine, five parts of iodide of potassium and one hundred parts of glycerine can be painted over the swelling at night. There is another method of administering iodine which is more distinctly surgical and which consists in the injection of some of the tincture of iodine into the substance of the tumor. This method has been practised by Billroth and by the French surgeon Lutout, who reported excellent results. The hypodermic syringe containing $\frac{1}{4}$ dram of tincture of iodine is introduced into the gland once or twice a week according to the amount of the reaction which is established. Suppuration when it occurs must be looked upon as an accident and should be avoided. Iodine causes little pain and some swelling of the neck. It is absorbed and produces effects in some specific way. The goitre disappears especially under administration of large doses internally and under the use of hypodermic injections into the substance of the gland.

There are two objections: One is they are liable to cause suppuration, which will not occur if you take pains to thrust the needle into the substance of the gland. There are instances where disaster has followed the use of injections, and Roosa says there are instances where the injection has been followed by the death of the patient either upon the table or some few hours afterwards. It is probable that in these cases, death was due to the improper administration of the injection. The injection probably entered one or other of the very large veins which are known to cross over the surface of a goitrous tumor. Pains should be taken to thrust the point of the syringe into the tumor, which must be steadied by the left hand. I should advise internal treatment in this case. I should begin with ten drops of the tincture of iodine three times daily and carry it out till he took the amount which the stomach could tolerate, namely two drams in the course of twenty-four hours. You must watch for the symptoms of iodism. It has been thought in some of these cases where iodine is given in considerable amount that the patient begins to have unpleasant symptoms rather suddenly, such as nausea, muscular debility, fever and very rapid and tumultuous action of the heart. Moreover the body emaciates sometimes with very great rapidity. When patients are brought to this state of debility and nervous prostration by the action of iodine, they are long in regaining their previous health. It has been noticed in a number of instances where these symptoms are produced that they coincide in time with a disappearance of the goitrous tumor. Some surgeons believe that the symptoms which are referred to the iodine are really produced by the elements of the tumor, which have been absorbed into the circulation. This is not probably the case, for it is observed where the iodide of potassium or iodine is given in very large doses in other diseases. Unless you give tolerably large doses there is a probability that the drug will have very little or no effect in regard to controlling the disease. Although operations are practised for removing the tumor, it is quite out of the question in the present case.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, March 7, 1885. The President, Dr. Atwood, in the chair.

SNOW-BLINDNESS.

DR. WILLIAMS said that he would like to mention a matter coming in his experience the past winter. It was two cases of snow-blindness, which was quite rare in this section of the country, though frequent in mountainous regions where large quantities of snow existed. The first case was that of a laboring man who lived in Iowa. He was working for about six weeks in cold weather, the ground being covered by snow, the sun shining brightly. In a few days he noted a dimness of vision which increased daily until he could not see at all. He then came to St. Louis for treatment. On examination Dr. W. found that his vision was about one-tenth. The fundus was not affected but he noticed a redness of the optic nerve. He diagnosed the case snow-blindness. As far as he knew the remedy in such cases was strychnia. He gave the man one-thirtieth of a grain three times a day, which dose he increased to one-fifteenth, taken as before. In a few days, his vision improved and he left for home. Dr. W. did not exactly under-

stand the nature of the trouble. Authorities state that snow-blindness was the result of exhaustion of the retina from over stimulation. He desired to know if there was any treatment better than strychnia. The other case was that of a gentleman who had been in Arkansas, and who rode on horseback considerably, the ground being covered with snow and the sun shining as mentioned in the preceding case. He found the reflection of the sun disagreeable and noticed that his sight became dim. The dimness increased daily. He returned home, but the snow on the street aggravated the trouble until he could no longer attend to his business. His vision also was about one-tenth. Both optic nerves were reddened. The man was a hard drinker and a great smoker which probably aggravated the condition still further. The whisky and tobacco were stopped and strychnia given. The man recovered.

Dr. Pollak had only seen one case of this kind, which was that of a man who had spent the winter in the Arctic regions. When he returned he was totally blind. Dr. P. had not an opportunity of treating the disease, as the party proved to be a hermaphrodite and could not be retained in the hospital which received him. The eyes had been examined frequently. He found the arteries of the optic papillæ small. The patient had no perception of light and the pupil would not respond to it. If he had had an opportunity of treating the case he would have used galvanism.

Dr. Williams said the literature on the subject was very scanty. The prognosis in both of his cases was favorable. He had corresponded with a man in the West who had suffered from a similar affection, which disappeared on his leaving the mountains, and avoiding the snow—the exciting cause. This man was also a hard drinker.

Dr. Hurt suggested a primitive method, not of cure but of prevention, viz., a coloring of the surface of the face, in the vicinity of the eye with a black shading such as gunpowder or charcoal made from willows.

Dr. Meisenbach asked Dr. Williams whether other causes besides snow would not produce the same condition.

Dr. Williams thought not. He had heard that water would do so, but never knew of a case. He alluded to a gentleman present, who had used strips of wood with a small slit therein, very successfully. The idea was to restrict the vision to a small area.

The President remarked that the pathological condition in both cases was that the blood-vessels were enlarged and that in Dr. Pollak's case, they were small. In addition to strychnia he suggested astringents, such as ergotine.

Dr. Pollak said that such agents would contract the arteries.

The President remarked that such was the effect desired, as he supposed that the condition was the result of over stimulation of the retina accompanied by dilatation of the blood-vessels.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Regular meeting March 2, 1885, Dr. D. A. K. Steele, President.

Mollities Ossium.

Dr. W. G. Webb read a very elaborate paper on this subject which included a report of a case that he recently had had under his care. After some preliminary remarks upon the subject, he stated that he first visited Mr. G. about the first of August, 1884, and found him lying on his back with labored respiration. Aside from this all other external appearances indicated that the patient was comparatively comfortable and well nourished. However when the bed covering was removed it was seen that his right arm was bent and fractured, as also were the femora. The anterior part of the chest was directed forward and upward, and as the writer placed his hand over the patient's chest, it imparted a sensation to remind him of a counting-abacus under the skin, so nodulated were his ribs. There was also noticed a separation of the left supra-orbital ridge which was detached from the continuous bony substance and upon moving this crepitus was elicited. The detached bone became partially united soon afterward, as also did a number of other fractures that remained intact until the patient's death. The maxillary bones and teeth were quite firm and unyielding. The joints of his limbs were slightly enlarged and irregular in outline. His appetite was good. Temperature 97½°. Respiration 22. Pulse 99, accompanied with what was regarded as an aortic heart murmur. Bowels were constipated. Tongue slightly coated with a light yellowish fur. The amount of urine he voided in twenty-four hours was 136 ounces, having a specific gravity of 1021 and acid reaction with considerable deposit of phosphates and containing a trace of albumen. The microscopical examination of this secretion was not made. The patient was partially cyanosed and jaundiced. There was also some seborrhea of the scalp and

hairy portions of the body, which was at times accompanied by severe itching. This seemed to be due largely to want of proper ablution of the parts. Evidence of specific disease particularly on the anterior portions of his legs, arms, shoulders and upper portions of the chest were present, as was indicated by a number of characteristic spots and cicatrices; yet the patient unequivocally asserted his innocence till near the hour of dissolution. His hair was dark and quite normal in other respects, his beard was comparatively thin and confined chiefly to the chin and upper lip. The genitals organs were atrophied or very diminutive in size.

October 6. The following history was elicited: His native place was Lycoming Co. Pa., 1848. He was reared a laborer in the wood, saw-mill and farm. He is of German descent, although his parents were born in the United States. His father, although always in poor health, due to "urinary trouble," is living, aged 75. His mother died, aged 46; cause unknown. His father's father died at 60. His father's mother at 19. His mother's mother at 55. His mother's father at 80. He has a brother living who is in ill health, the result of heart and lung trouble, whose age is 31. Five sisters are living. The oldest, aged 45, is an invalid, caused from liver difficulty, and is unable to perform much work. Another sister, aged 43, has poor health, and suffers from symptoms identical to the patient's, such as severe aching in her bones, etc. The remaining sisters, aged 39, 34, and 30, are all living, and in poor health. About the only vice the patient acknowledged to have indulged in is that of onanism which he commenced at the age of 8 years, and continued moderately during his youth. He has always been very passionate in this respect, so much so that it seemed impossible for him to satiate himself after he was married. This morbid sensation did not forsake him until a few weeks before the writer saw him. He stated also that he often had quite profuse discharges of a milky-looking substance from the penis during defecation and sometimes before or after voiding his urine. This has troubled him at irregular intervals since his youth. At 9 years of age he claims to have had a sunstroke, but upon close questioning this was decided to be a fit or convulsion. Previous to this he suffered much from indigestion and diarrhea, and at times passed considerable undigested food. After the (so-called) "Coup de Soleil" he was continuously constipated. Since the age of 16 he has been tired and sleepy a goodly portion of time, even to lying down and falling asleep in the midst of his work. Heavy lifting always hurt or otherwise injured his bones. He has always had a ravenous appetite; in fact this seemingly abnormal condition was rarely ever satiated, besides he drank a great deal of water, tea and coffee, but never indulged in alcoholic stimulants. In 1870 or 1871 he moved to Nevada, where he worked in the woods. Whilst there he suffered considerably from catarrh and dryness of the throat; his appetite remained the same, but at this time he became subject to "fits," after his meals. At the expiration of three months he moved to California and with improved health (though singularly enough with an impaired appetite) he remained until 1873, when he returned to Nevada, where he began mining. Here he drank a great deal of water that had a sweetish taste, and, as was said, it contained large quantities of arsenic. At this place the patient first noticed an eruption on his skin,which he was told was caused by the arsenic. Simultaneously he had sore throat and alopecia. After eighteen months he became so badly bloated that he was unable to work, when an uncle came to remove and to care for him. He was then seized with an attack of dysentery which lasted fully two weeks, the effects of which he thinks he never recovered from. In 1875 the patient resumed chopping in the woods, but while in a short time he was obliged to desist on account of severe pain in his stomach and bones, he was also annoyed much of the time with a disagreeable taste in his mouth, and by the eruption which appeared in an aggravated form; besides he had numerous furuncles or "blind boils;" further than this he was relieved of a tapeworm. During this year also his urine was examined. It was of light specific gravity and contained albumen.

In 1876, the patient had a severe struggle with a vicious horse. He then suddenly felt acute shooting pains in numerous portions of his body and subsequently suffered with diffused soreness and deep-seated pain in both upper and lower extremities. This condition remained with more or less regularity and severity until the summer of 1882 when he was unable to go about without the aid of crutches.

In 1877, however, he was married and has two apparently healthy children that are four and two years of age. His wife is healthy, but has a premature elderly look.

In 1880 he had another tapeworm removed.

In 1883, an analysis of his urine showed that secretion to contain albumen, and at one

time its measurement amounted to twelve pounds in twenty-four hours.

Two weeks before he died a partial chemical analysis of it was made by the writer and found to contain a peculiar albuminoid substance which would coagulate when nitric acid was added but would again re-dissolve when heat was applied. This substance was supposed to be the same as that described by Dr. Bence Jones and others as deutoxide of albumen.

During this long interval of years the patient was treated by a large number of physicians, of all faiths, for many diseases. Some years ago he was salivated, and he thought the mercury he took was a cause of pain in his bones. For a year prior to June, 1884, he took large quantities of acid phosphates. During this month he abandoned all attempts at work and "took" to his bed.

October 6, last. The following measurements and other facts in the case were recorded. Lower right extremity from symphysis pubis to internal malleolus was twenty-three inches, lower left extremity measured from the same corresponding points 26 inches, across the femora just below the great trochanters 20 inches, right tibia 16 inches; left tibia 17½ inches, sternum 7 inches. The cranial vault was quite easily depressed and flexible. Total length of his body 52 inches. Original height 68 inches, pulse normal, respiration 23°, and labored, some ascites was present, appetite good. He sleeps well, mind clear, memory good, thorax flattened.

October 13. Tongue slightly coated, pulse 102°, temperature 99° F. Respiration 23°, and he is otherwise the same except that both arms are now almost entirely useless. Although a few weeks previously the right humerus had united sufficiently to enable him to use a fan, which afforded him much relief. His thorax continues to flatten which embarrasses more and more the functions of the respiratory and circulatory organs.

October 20. His condition remains pretty much the same as that of one week ago.

October 30. Patient's temperature is 97½°, pulse 94°, quite regular, but soft and weak, his breathing is more labored and he is considerably cyanosed. (The day previously he was thought to be dying, so very dark did he become). The heart's action is exaggerated with the first sound increased, while the second sound is scarcely audible.

November 10. The patient is unable to move any member of his body, except the right hand slightly and the fingers and toes somewhat, his lower extremities are completely everted, and the tissues can be deeply pitted on pressure; his temperature is 99° F., circulation 112, respiration 24. His appetite remains good but he vomits his food nearly every day and his sleep is much disturbed by dreams at night.

November 12. Temperature 99° F., breathing 25, pulse 120, with symptoms pointing to giving way of the vital forces.

November 13. His condition remains much the same.

November 20. Symptoms improved. Temperature 97½° F., breathing less labored and 22 per minute, pulse 90. During the past few days his diet has been restricted to raw beef steak which has agreed with him; milk causes him much distress and provokes vomiting.

January 7, 1885. His symptoms of relief were only temporary. At this date he is suffering greatly from dyspnea. The thorax is very much flattened and the ribs are scarcely perceptible to the feel in many places; there is much pain in the upper portion of his right lung and nearly one third of it is above the clavicle. Temperature was not taken; pulse 115; respiration 26, and performed with utmost difficulty. He is obstinately constipated. There is a small ulcer on his tongue, also an eruption on his face resembling pustular acne. The copper colored spots disappeared from his body some weeks previously. A cough has set in and he expectorates considerable viscid mucus. During the succeeding two weeks he continued gradually to fail with all the symptoms more or less intensified, until, January 19, he died of asthenia, caused by constriction and pressure upon the vital organs. His age was about 35 years. A post mortem examination was made on the following day in the presence of Drs. Seiber, Porter and Gates and one or two friends and relatives of the deceased. The appearances of the body showed it to be much flattened and diminished in size, so that its general contour much resembled that of a common marsh frog. Yet it was six or seven inches longer than before death on account of the straightening and stretching of the body in "laying him out." The body was greatly emaciated and the skeleton was distorted in various ways. The entire length of the body and limbs after being subjected to a stretching process was 55 inches, left femur 11 inches, right femur 11¾ inches, left tibia 14 inches, right tibia 13¼ inches, sternum 6½ inches, both humeri 11 inches, left ulna 9 inches, right ulna 10 inches. The diaphragm on the right side extended up to the fourth rib, on the left side to a point one and one half inches lower. The entire chest wall how-

ever was directed upward at least two inches. The heart was in the median line and was moderately distended with blood. The pericardium extended up to the second rib and contained about an ounce of fluid. The tissue of both lungs was quite normal in appearance, except the upper lobe of the right lung, which was bound down by recent pleuritic adhesions. In position they were much crowded upward; a considerable portion, as has already been stated, was above the clavicle. The liver was smaller than normal and slightly congested. The vena cava and pulmonary veins were filled with blood. The spleen and pancreas were about one half their normal size, pale and tough. The kidneys were slightly enlarged, irregular in outline and nodulated. Their capsules were thickened, the pyramids enlarged and the tubules were partially filled with what seemed to be a calcareous deposit. The pelvis of each kidney contained more fat than is commonly found. The bladder was moderately distended and nearly filled the pelvis. The peritoneum as well as the intestines and stomach presented an unusually pale and yellowish color. The bowels contained hardened feces. The descending colon and mesenteric glands were enlarged. The brain and spinal cord were not exposed, the head however, was much smaller than formerly there being at least one and a quarter inch difference in the circumference. The entire osseous system was in an abnormal condition. The vault of the cranium was as easily depressed as a moderately distended foot-ball and nearly as flexible; as was stated above the bones of the face suffered the least; this fact corresponds with most of the other reported cases, yet the maxillary and facial bones were lacking in stability as was evinced by their being tender to the touch before death and the loseness of the teeth. The enamel of the teeth was affected. The clavicles were enlarged, elongated, and much curved upwards and forwards. The thorax as has also been stated resembled that of the rana palustris more than that of a man.

The sternum was not so much affected as were most of the other bones,due as the writer thinks to close proximity to the cartilages of the ribs. It was not in its proper position. The manubrium together with the sternal ends of the clavicles extended upward and forward while the gladiolus pointed upward and slightly backward, which made a decided curve posteriorly. At the anterior third of the shaft of the ribs nearly or quite, all the proper bone substance was wanting, while the periosteum was bent or folded upon itself. The condition of the chest wall was such as to cause great pressure upon the organs within, and his breathing during the past six months was largely diaphragmatic. The spinal column while its natural curves were increased, was enlarged. There also existed quite a sharp and extensive lateral curvature to the right in the dorsal region, and a slight curve to the left in the left lumbar region. In the pelvis the distortion was as great as in the upper part of the body. The ossa innominata were nearly at right angles with the horizontal plan of the pelvis. The ossa ilii were crowded inward while the ossa ischii were directed outward.The sacrum leaned forwardand the pubis slightly backward and downward. This position of the pelvis together with the lower extremities, including the everted position and the curving outward of the femora, served to remind one of an old Egyptian lyre as the outline thus formed was much the shape of the frame of one of the ancient instruments. This description does not apply of course to the position the body assumed after it was straightened out. The upper extremities presented nothing of special importance, except that they were very small and so soft and flexible that they could easily have been tied in a kot. The only specimens of bone removed from the body were the upper half of the right femur with a portion of the acetabulum, the sternum and part of a rib. Upon section of the femur being made, only a traee of bony substance was seen adhering to the inner surface of the periosteum, but as the head of the bone was approached the cancellated structure was more characteristic; yet it was not so hard but what it could easily have been incised with an ordinary scalpel. When the periosteum was cut into, there escaped a considerable quantity of sero-sanguineous fluid that completely enveloped and seemed to permeate the liver-like substance that had taken the place of the medullary canal and the greater part of the shafts of the bones. In the trochanters there was an augmentation of soft cancellated substance, containing a large deposit of fat. The neck of the bone was shortened, and the great trochanters extended above the articulation with the acetabulum.

Treatment.—During the first two months he could not be persuaded to take many remedies, at least in sufficient quantities to produce any percepeible effect; he continued taking acid phosphates and an infusion of Senna occasionally to move his bowels; later on he was given iodide of potassium and syrup of sarsaparilla, then a pill of pyrophosphate of

iron and quinine. The writer suggested that when practicable, a water bed should be used for this class of patients, and an ingeniously devised method of effecting moderate extension. Some kind of cast properly adjusted to the chest might benefit the sufferer. This would have a tendency to preserve the proper shape of the thorax and counteract the contraction of muscles upon which depend the various distortions of the skeleton and consequently lessen irritation of sensitive tissues. The suceeding twelve pages of the paper consisted of a discussion on the etiology, pathology and clinical history of this disease, and a review of the literature which at most is meagre and contradictory. The valleys of the Rhine and Po, seem to furnish the most examples. In the female, the disease is more often found associated with the pregnant state. The social habits and character of the food eaten, as where it is deficient in saline constituents of bone may play an important part as a predisposing cause, also unsanitary surroundings added to the character of water drank. Rickets, struma, syphilis, miasma, lympho-sarcoma, osteo-myelitis, dampness, hereditary taint, mental disease were all mentioned as an explanation of the cause of this morbid change. The urinary secretion generally presents a marked alteration in quality and appearance; usually contains a deposit of phosphate of lime, which however may be a result of the abnormal metamorphosis. Osteomalacia may be divided into three classes (*a*) Those due to carcinomatous or sarcomatous disease of the medulla, (*b*) Those due to an affection of the medulla allied to lymphoma, (*c*) Those due to some peculiar condition of the medulla or perhaps of the blood dependent on the state of pregancy.

Dr. Webb closed by advancing a theory that in future investigations of this disease the functions of the nervous system will receive more attention than formerly. Regarding this case he reported the patients symptoms date prior to the year 1875 when he undoubtedly had syphilis, and since some of the other members of the family have similar symptoms it is reasonable to infer that a hereditary tendency existed as a predisposing cause. This together with his youthful vice, spermatorrhea, and erratic temperament may have been sufficient to induce the albuminuria and a consequent cachexia that served as a fruitful soil for the ravages of the specific disease.

[TO BE CONTINUED.]

CORRESPONDENCE.

LONDON LETTER.

LONDON, February 21, 1885.

Editors Review: Since his return to England Dr. Klein has made a communication to the Royal Society on the results of his investigations on cholera in Calcutta. From the previous statements in the daily papers, whilst these investigations were going on, it was pretty generally known that Klein did not accept the bacilli discovered by Koch as the cause of cholera. His conclusions may be summed up as follows—Comma bacilli are found in the rice water stools of cholera patients in very varying numbers; they vary, also very much in shape and size insomuch that 'comma-shaped' is an inappropriate name for them, and he would prefer the term vibrio. The comma-bacilli were also found in the mucus-flakes taken from the ileum after death, and the sooner after death the fewer were found. They never found the lower ileum in such a condition as to justify Koch's expression when he called it, "a pure cultivation of comma bacilli." Neither the blood nor other tissues contained comma-bacilli. The behavior of the bacilli on artificial media did not agree with the idea of their having any specific character. The comma-bacilli were found in other diseases and in the mouths of healthy people, and the experiments by Koch and others on animals did not in the least prove that the comma-bacilli were capable of producing the disease. Water contaminated with choleraic discharges when used for domestic purposes did not induce the disease. The comma-bacilli showed two distinct modes of growth, one by transverse division, the other by division in length. Klein also described certain minute straight bacilli which he had found in the mucus flakes of a typical rapidly fatal case of cholera. These were not found in the mucous membrane, in the blood or anywhere else, and experiments with them gave negative results.

The agitation for some reform in the University of London or for some step to be taken by which a degree will become a possibility for the mass of our London students is steadily gaining ground. The most natural and satifactory solution of the difficulty would certainly seem to be some reform of the existing university by which its degree should be removed from its present unattainable position. The chief difficulty lies, it appears, in the preliminary examination, which is regarded by the authorities as indispensable, and which covers a range, I believe, of sixteen subjects. The amount of knowledge in these subjects that a candidate is expected to display is

such that a certain amount of cramming for it is inevitable; and it follows therefore that a man who does not decide to go up for it at the commencement of his career is practically debarred from the degree, as but very few can afford the time of entering on their strictly professional studies to go back to elementary subjects. The professional examinations are not so hard as is generally supposed and a large number of men who have to put up at present with the diplomas of the two colleges would without additional reading doubtless be able to obtain the degree were it not for the drawback in the shape of the preliminary examination.

The Hunterian Oration was delivered at the College of Surgeons, a week ago, by Mr. John Marshall, who was president last year. The folly of keeping up these reiterated eulogies of our illustrious deceased has been commented upon pretty freely by our own papers, as well as by some on your side of the water, but corporate bodies are slow to move, and it will probably be years before a Hunterian, or Harveian orator is allowed to treat his hearers to his best thoughts on the subject in which he has interested himself all his life. Mr. Marshall has with this oration, I understand, made his final bow, with one exception, as a public man. He will retain his seat on the General Medical Council, but has retired from the offices of surgeon and lecturer on Surgery at University College, as also from that of lecturer on anatomy at the Royal Academy, where he is extremely popular. Rumor hath it that he will be succeeded in the latter post by Mr. Victor Horsley, who though quite a young man has already done good work, especially recently in producing artificial myxedema in monkeys. The probabilities of his getting the post are not diminished by the fact that his father is one of the oldest and most influential of the Royal Academicians.

The discussion on bacillary phthisis at the Medico-Chirurgical Society and Dr. Brunton's lectures on Digestion at the Medical Society are now matters of history upon which I need not dwell The example of Mrs. Weldon's successes in the law courts has stimulated others to try their luck in the same direction, but so far not with the same success. Last week Dr. Savage, of Bethlehem, was under fire in respect of a lunatic under his treatment in that institution, but he came off with flying colors, and a case is now before the law courts which is likely to attract much attention. A gentleman brings a charge against two magistrates of making a false declaration. It appears that he was certified upon their warrant, and the certificate of a medical man, as a pauper lunatic. I should say that in the case of a pauper one medical certificate is sufficient, but that in a case of a private lunatic two are required. With the one medical certificate the order of the magistrate, however, is also required. The plaintiff in the present action alleges that the magistrates never made a personal examination of him to satisfy themselves that he was insane, but only looked at him through a glass door. As we have only heard the plaintiff's version up to the present it is impossible to express much opinion on the merits of the case, but it is not a little awkward for the defendants that the man, when taken to St. Luke's Hospital, was pronounced to be sane, three days after the order had been signed by them. The government have intimated their intention of bringing a bill to amend the present lunacy laws. There is however no great prospect of their finding time this session to carry it through. R. M.

OBITUARY.

Whereas, It has pleased an inscrutable Providence to call to his final rest our venerable friend and colleague, Dr. John Sidney Moore, in the fullness of years and honors, and after a long and well-spent life devoted to the welfare of his fellow-men, both in personal services to the sufferings of the sick and in the preparation and instruction of many who have become prominent and distinguished in the profession of medicine; be it

Resolved, That in the death of John Sidney Moore the profession has lost one of its most faithful and self-sacrificing workers; and further

Resolved, That, recognizing his long connection with the Missouri Medical College as one of its founders and as a teacher of prominence for almost half a century, the faculty do attend the funeral in a body; further

Resolved, That a copy of these resolutions be transmitted to the bereaved widow, and that the same be published in the daily papers and medical journals of the city.

Chas. O. Curtman.
P. Gervais Robinson,
T. F. Prewitt.
Committee.

—Dr. P. V. Schenck, formerly Health Officer of the city of St. Louis, and or eight years Superintendent of the Female Hospital of St. Louis, died suddenly on the evening of March 11, at his residence. He was engaged in an active obstetrical practice and filled the chair of gynecology at the Missouri Medical College.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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OPERATIVE DILATATION OF THE ORIFICES OF THE STOMACH.—W. T. Holmes, senior surgeon to St. George's Hospital, speaks in the very highest terms of two pamphlets published by Signor Loreta on the above subject. One treats especially of the dilatation of the pylorus. We have no doubt that some surgeon acquainted with Italian will favor the profession with a complete translation of these two pamphlets. Meanwhile we give from the British Medical Journal.

Dilatation of the Pylorus.—The operation on the pylorus is best illustrated by the history of the first patient operated on, which is thus abbreviated from the original. He was a man, aged 47, named Cecconi, who had suffered from dyspeptic symptoms for twenty years, and had been treated in the hospital at Bologna, four or five years before the date of operation, for an ulcer of the stomach, near the pylorus (as then diagnosed). The symptoms were relieved, and for a time he returned to work, but soon relapsed; and, when admitted in August, 1882, was in the last stages of emaciation and exhaustion. The only food he could take was milk, in small quantity; every other species of food, was at once rejected. Whenever he took any food, he could feel its passage towards the right hypochondrium, whence it returned at once towards the left, causing eructations, and frequently vomiting. The man was as lean as possible, pallid, and with a rough skin entirely devoid of any panniculus adiposus. The outline of the distended stomach could be seen through the abdominal walls, and it felt tense and elastic; the resonance extended from the fifth rib to the umbilicus. The contents of the stomach, drawn off by the pump, were yellow, containing a few coagula of milk, and decidedly acid. When left at rest, they separated into three strata; the upper one mucous, and containing gas; the middle, a limpid serum; and the deepest, grayish in color and pulverulent. Microscopic examination showed no traces of any profound lesions of the stomach, no muscular fibres, no sarcinæ, no starch-grains, no needles of the fatty acids. He was relieved by the emptying of the stomach, and could better tolerate an examination. This revealed a tumor, not well circumscribed, extending from the pylorus towards the stomach, smooth, resisting, elastic, and not movable by the hand, but following the up and down movements of the abdominal wall. It did not seem to be affected by the movements of the diaphragm. The area of the stomach-resonance was perceptibly diminished after the use of the pump, showing that the viscus preserved its contractility. He was kept under observation for a few days, and it was noticed that, when he did not vomit, and the food remained in his stomach for ten or twelve hours besides the sensation of an obstacle to the passage of the food, which he plainly felt, the epigastric region became swollen and tense; there were eructations, and sometimes an acid taste in the throat, and the peristaltic movements of the stomach could be seen through the walls of the belly.

The operation was performed on September 14, 1882, after the stomach had been washed out with an alkaline solution. The incision was made on the right of the median line for fifteen centimetres (about five inches), the upper and inner end being about four centimetres below the xiphoid cartilage, the lower and outer end three centimetres from the cartilage of the ninth rib. The muscles were divided, and the hemorrhage was stopped before the peritoneum was

opened. Some difficulty was experiened here on account of the great omentum being found folded upwards, thickened, and adherent to the parietal peritoneum, and some care was required to detach the adhesions. The omentum was also adherent to the pylorus and right half of the anterior surface of the stomach; and it was this adhesion and thickening of the omentum that formed the tumor, which was felt through the abdominal wall. These adhesions having also been separated, the stomach was set free, and was then drawn out of the wound as far as necessary, and the pylorus was felt to be thickened, and of a a fibrous hardness. The coats of the stomach were then lifted up into a transverse fold, and a cut made through them with strong scissors midway between the two curvatures, about three centimetres from the pylorus; and it was found necessary to enlarge this cut to six centimetres, on account of the contraction and hypertrophy of the muscular coat. The coats of the stomach bled abundantly, and this hemorrhage was repressed by means of hemostatic forceps of a T-shape. Then the right forefinger was introduced, and the pylorus examined. It was found very hard and prominent, and its orifice appeared closed. No force that could be safely used succeeded in dilating it, till the left index finger was also introduced and employed to steady the pylorus. When this was done, the end of the right forefinger was gradually squeezed through the aperture. Then the finger was used to hook down the pylorus towards the abdominal wound, a maneuver which enabled the operator to get the left index also through the pylorus. But it was still exceedingly difficult to effect any separation of one finger from the other, so great was the resistance, not only of the sphincter itself, but also of the coats of the stomach and duodenum. The attempt at dilatation threw the muscular fibers into spasmodic action, which quite overcame all the force that could be exerted. Three such attempts were made in vain, but then the pylorus began slowly to yield to the force employed, which was very considerable. At length a sensation was experienced "showing that the tissue was so far distended that it could not obey the dilating finger further without being torn." The fingers were now kept apart for a short time, and the spectators noted that one finger was about eight centimetres (more than three inches) distant from the other.

The wound in the stomach was then sewn up, the viscus returned into position, and the abdominal wound united. The whole proceeding lasted thirty-three minutes. The patient felt no inconvenience on waking, except a little burning sensation in the region of the wound, and thirst, which was relieved by giving him small pieces of ice. In the evening he felt so hungry and weak, that he was allowed the yolk of an egg beaten up with Marsala wine, of which a teaspoonful was given every half hour. The temperature remained all day at 37° Cent. (=98.6° Fahr.); pulse 72; respiration 26. He felt comfortable and had a natural appetite. He was fed for the next few days on eggs and a little wine, and on the fourth day he had a little thick soup, and on the fifth day was allowed to eat some chicken. On the eighth day, the abdominal wound was found united by the first intention, and some of the sutures were removed. From this time a meat-diet was allowed. Sixteen days after the operation (September 30) he got up for a couple of hours, and began rapidly to recover strength and gain flesh. On September 12 (two days before operation), he was weak, lean, wretched-looking and weighed fifty-one kilogrammes (112 lbs.). On October 30, he weighed over sixty-one kilogrammes (134 lbs), and his face was cheerful and composed.

Five months after the operation, at the date of publication of Signor Loreta's paper, the man was in perfect health, and doing his ordinary work.

After discussing cases of equal interest associated with the dilatation of the œsophageal opening of the stomach Professor Loreta submits the following:

1. Instrumental dilatation of the œsophagus, through a wound in the stomach, seems much preferable to gastrostomy,since the for-

mer effects a radical cure, while the latter leaves the stricture uncured, and the patient is in a hardly better condition than he was before, in consequence of the troubles connected with the gastric fistula.

2. Operations on the stomach are of good prognosis, judging both by the results of the other operations, and by the recovery of Bertini, a patient already suffering under pulmonary consumption.

3. May it be possible to substitute electrolysis for dilatation?

Galvanic Current in Occlusion of the Bowel.—Boudet claims to have relieved forty-four cases out of sixty-one of occlusion of the bowel with the application of the galvanic current. His mode of application is by introducing as far as possible a rubber tube into the bowel and connecting the electrode by means of the salt water used to fill the tube, the other electrode being applied either to the abdomen or the back according to circumstances. The strength of current used was from ten to fifty milliamperes and the duration of the application from five to twenty minutes.

On Hemine Crystals.—The Pharmaceutical Record writes: Teichmann's hemine crystals have continued to be of high importance for discovering blood, although their preparation is not always successful. Feldhaus describes a process, by which preparation becomes very simple and safe. The crystals, it is well known, appear by heating blood with strong acetic acid and cooling. Following the general directions of books, crystals are but rarely obtained. They are best produced on the object-plate of a microscope, particularly if there is only little blood at disposal, by the way of repeatedly adding single drops of acetic acid to the fluid in question, heating by a little flame, and never allowing all acid to be volatilized until crystals appear after cooling. In this way the author always had good results; addition of salt is superfluous, it is even troublesome; nothing depends on the age of the blood; but blood in which vegetations of fungi have been caused by moist air, give no crystals of hemine.

Time Required to Digest Different Foods.—The Sanitarian quoting from a French journal gives the results of some experiments lately made by E. Jessen on the time required forthe digestion of certain kinds of food. The stomach of the person on whom the experiments were made was emptied by means of a pump; 100 grammes, equal to 1,544 grains, or about 2⅔ ounces of meat, finely ehopped and mixed with three times the quantity of water were introduced. The experiment was considered ended, when the matter, on removal by the pump, was found to contain no muscular fibre.

It will be remembered that the gramme weighs nearly 15½ grains, and the cubic centigramme is equal to 1 gramme. The 2⅔ ounces of meat were therefore mixed with nearly eight ounces of water, before being introduced into the stomach.

The results were as follows:

	hours.
Beef, raw and finely chopped -	2
" half cooked - - -	2½
" well cooked - - -	3
" slightly roasted - - -	3
" well roasted - - -	4
Mutton, raw - - - - -	2
Veal " - - - -	2½
Pork " - - - - -	3

The digestibility of milk was examined in the same way. The quantity used was regulated so that the nitrogen should be the same as in the 100 grammes of beef.

	hours.
602 cubic centimetres, nearly sixteen ounces, of cow's milk, not boiled, required - - - - -	3½
602 cubic centimetres, boiled - -	4
602 " sour - - -	3½
675 " skimmed - -	3½
656 " goat's milk, not boiled	3½

THE ORIGIN OF OPIUM.—According to the Bengali legend, there once lived, on the banks of the holy river Ganga, a Rishi, or sage, in whose hut, made of palm-leaves, there was a mouse, which became a favorite with the seer, and was endowed by him with the gift of speech. After awhile the mouse having been frightened by a cat, at its earnest solicitations was changed by Rishi into a cat; then,alarmed by dogs into a dog; then into an ape; then into a bear; then into an elephant; and finally, being still discontented with its lot, into a beautiful maiden, to whom the sage gave the name of "Postomani," or the "poppy-seed lady." One day, whilst tending her plants, the king approached the Rishi's cottage, and was invited to rest and refresh himself by Postomani, who offered him some delicious fruit. The king, however, struck by the girl's beauty, refused to eat until she had told him her parentage. Postomani, to deceive the king, told him she was a princess whom the Rishi had found in the woods, and had brought up. The upshot was, that the king made love to the girl, and they were married by the holy sage. She was treated as the favorite queen, and was very happy; but one day, whilst standing by a well, she turned giddy, fell into the water, and died. The Rishi then appeared before the king and begged him not to give way to consuming grief, assuring him that the late queen was not of royal blood. Said he, "She was a mouse; and, according to her own wish, I changed her successively into a cat, a dog, an ape, a bear, an elephant and a lovely girl. Let her body remain in the well; fill up the well with earth. Out of her flesh and bones will grow a tree, which shall be called after her, 'Posto'; that is, the 'poppy-tree.' From this tree will be obtained a drug called 'opium,' which will be either swallowed or smoked till the end of time. The opium swallower or smoker will have one quality of each of the animals to which Postomani was transformed. He will be mischievous, like a mouse; fond of milk, like a cat; quarrelsome, like a dog; filthy, like an ape; savage, like a bear; and high-tempered, like a queen."

URETHRAL STRICTURE — HORSE-HAIR BOUGIE.—Dr. E. C. Franklin writes (Med. Era and Analectic): Some twelve years ago a friend placed himself under my charge for the treatment of an old and exceedingly obstinate case of subpubic stricture.

The closure of the canal was so complete that the patient's urine was passed continually by drops. The stricture was so tight and unyielding that I was unable to introduce the smallest filiform bougie, and was compelled to improvise a bougie made of whalebone, which I whittled down to as small a diameter as I could give it, but this did not answer the purpose. I then tried the then novel method of introducing a horse-hair, bulb forwards, and succeeded after many futile attempts in passing it beyond the point of stricture, retaining it *in situ* by a silk cord tied to the horse-hair and extending to the root of the penis, and fastened there by adhesive strips. The second day the urine began to escape in a continuous stream instead of drops, till it acquired the size of a darning-needle. The third day I passed another, which slipped in easily, guided by the presence of the first. The fifth, seventh, ninth, eleventh, and thirteenth day another was passed, till I had succeeded in crowding in the stricture nine of such small filaments. By this time my patient had complete control of his urine, and could void and retain it at will, though forced through the interstices of this aggregated hairy fascicle. The stream of urine has now greatly increased in size, and the muco-purulent discharge, from the uneven pressure made against the strictured surface, caused considerable care to be exercised to insure cleanliness. After removing the fascicle on the fourteenth day I had no difficulty in overcoming the stricture with a No. 6 tapering bougie. Increasing the size of the introduced bougies gradually but not too frequently, I had the satisfaction of discharging my patient at the expiration of one month from the beginning of his treatment. My patient was advised to continue the use of the bougie every week or two for at least a full year.

Castor Bean Poisoning.—Dr. Hal Foster reports two cases of poisoning from the reckless devouring of castor beans. Both the cases were females and the beans were eaten on a senseless challenge as to who could eat the greater number, the two silly boys or their equally silly acquaintances. The girls carried off the prize, but about four hours after eating them they were awakened in the night with intense thirst. The face was pale and exhibited the appearance according to Dr. F. of patients suffering from cholera. They were both in a "semi-conscious" state. Pulse 160, feeble and irregular. Heart's action labored. Pupils contracted. The skin was cold. There was great restlessness. The bowels began to act every few minutes, later on the stools were very bloody. Each action seemed to cause excruciating pain and was followed by great prostration. Both patients recovered.

It could not be possible that the amount of oil alone in the beans eaten could have caused such disturbance, and the investigation of the irritating substance may yet afford us an agent of equal value to the oil now in use. More than this the study of the substance may furnish us an oil devoid of its recognized irritating properties and yet possessing the virtues from which it has acquired its popularity.

An Unjust Jury Decision.—One of the most idiotic and unjust decisions which ever disgraced a jury has recently been rendered in England. Dr. Bradley was preparing a bottle of medicine for his patient Mrs. S. Hearing a peculiar noise he turned his eyes to his patient and found that she was about "to have a fit." Applying a little ammonia to her nose the paroxysm was arrested and while the doctor went into the next room for assistance the patient had gone into a neighbor's house and complained that the doctor had committed a rape upon her. It was proved that the father of the prosecutrix was confined in a lunatic asylum, that the prosecutrix had been subject to epileptic fits since her eleventh year, that she was not in the surgery five minutes, that there was no evidence of violence anywhere—no stains on the linen, in fact no proof whatever, only the statement of a woman founded on her imaginations during an epileptic seizure, and the jury, honorable men and true, find him, it is true not guilty of the charge made, but strange to say find him guily of a charge not made, namely, an attempt to commit a rape. This injustice is necessarily shared by the doctor's wife and child. The profession in view of the heinousness of the sentence is trying its best to effect a reversal of the sentence, and it is difficult to conceive that it will not be accomplished. Meanwhile the only consolation that Dr. Bradley can derive is from the general law that "one man has to die for the nation."

Cleansing of Small Wounds.—The following practical counsel from the pen of Dr. C. W. Dulles in the Maryland Medical Journal on the treatment of small wounds is not without value just at the present time when there is such a tendency to artificial antisepsis.

My own experience has led me to the belief that this salutary proceeding is sometimes overdone. When we see a scalp wound, or a laceration of the face, covered with a scab, even though it be not a very handsome one, good surgery does not, I think, require us to take it off, unless the appearance of the neighboring part indicates that an inflammatory process is going on under it. Nor, when a crushed finger is enveloped in dry covering of blood and machinery grime, need we think our patient's safety depends upon a thorough removal of these. On the contrary, I should say his rapid recovery often depends upon our letting them alone. But scabs that cover pus may always be removed with advantage: and foul secretions, or accumulations, can only do harm, and must be cleaned out. So the cleansing of wounds is not only an esthetic, but also a salutary procedure. As to the method of cleansing, I am a convert to the views of Mr. Sampson Gamgee, who never uses a liquid for cleansing when it is not specially indicated. Careful mop-

ping with dry cotton or lint will do far more than those who have not tried it would imagine. Rubbing is rarely called for, but just touching with the cotton or lint, and pressing it down with more or less firmness, as the circumstances require. But, when the case demands it, we must not hesitate to rub firmly, even a little roughly, or cut off what sticks tight to the healthy tissues.

However, we must not eschew the use of water too tenaciously. It is often indispensable, and combined with a little permanganate of potash—just enough to make a transparent, pink solution—it is a sine qua non in dispensary practice, as a disinfectant and deodorant. This combination, it seems to me, excels every other so-called antiseptic; and carbolic acid, I may say, I never use as an antiseptic at all.

In this connection I wish to emphasize what I think is a very important matter in washing of wounds and sores, namely, that the same fluid should never be used twice; that is, it should not be dipped from a basin and allowed to flow from the wound or sore into the same vessel, and then dipped up and used again, and so on. The best way of washing a wound would be to let the water run upon it from a hose with a regulated force. But almost, if not quite. as good as this, is the plan of having one vessel to hold the wash, and another to catch the drippings, and to apply the wash by letting it fall in a steady stream from a clean sponge or a mass of oakum. The size of this stream, and its force can be easily regulated by the force with which the sponge or oakum is squeezed,and the height at which it is held. If the dripping mass be grasped in the hand and held with the thumb up, by well-regulated squeezing a single stream can be made to fall from the dependent portion, in exactly the place and way we wish.

Unreliability of Fluid Extracts.—We have all at times had misgivings relative to the uncertainty of fluid extracts. The misgiving is certainly warranted whether we reflect on the complicated questions associated with the results following their administration or with reference to the uncertainty associated with the supply. By this reference to the uncertainty of the supply we do not mean to cast the slightest reflection whatever on our manufacturers; we are not of those who believe in a desire of the manufacturers to supply other than a good article but the difficulty lies in the nature of the article. Even supposing that in every case the very difficult question of always securing a good crude article is settled satisfactorily, it is not absolutely certain that the extract will retain intact its peculiar properties indefinitely. Only lately we realized a striking instance of the difference in two extracts as furnished by two stores, both of unquestionable reputation and standing. We refer to the fluid extract of Cascara Sagrada. Of one sample the patient took teaspoonful doses, without any effect whatever, whereas of another sample ten drops was more than enough to produce the desired effect.

This subject was discussed, relative to the extract of calabar bean, by Mr. Peter MacEwen,before the North British Branch of the Pharmaceutical Society. Mr. MacEwen took various samples of the extract in the market for investigation. Eight samples were taken and the yield of extractive and the alkaloid is given from the eight samples as follows.

	Yield of Extractive.	Yield of Alkaloid.
	Per cent.	Per cent.
Extract 1. - - - -	51.42	10.47
" 2. - - - -	36.79	5.66
" 3. - - - -	54.54	5.45
" 4. - - - -	35.52	3.94
" 5. - - - -	45.15	3·87
" 6. - - - -	70.00	6.60
" 7. - - - -	52.00	1.60
" 8. - - - -	77.70	1.10

The exact nature of the alkaloid obtained from the samples the author reserved for further study. The only object of the paper was to exhibit the marked differences in the pharmaceutical products. With such differences in the articles administered,how cautios should we ever be relative to deductions as to their effects.

Maggots in the Nose.—In the Peoria Medical Monthly Dr. D. C. Heely reports a case of maggots in the nose. He succeeded in extracting three hundred and sixty-six maggots averaging more than half an inch in length from the nasal cavity. He reports that they had "eaten a hole one and three fourths of an inch through the soft palate into the mouth. Their presence was associated with a bloody discharge from the nostrils.

Calomel in Otorrhea.—Dr. J. Gottstein in the Archives of Otology December, 1884, strongly recommends the use of calomel as a powder for inflation in suppurative discharges from the middle ear. He has found it without irritation. He first cleanses the ear with a 1 in 1000 solution of the bichloride and then uses the calomel as boric acid has been previously used. Dr. Gottstein's recommendation is the more trustworthy as he does not even with calomel cure all cases.

The Alleged Increase of Cancer.—The Medical Record writes the following anent this subject: There has been considerable discussion in the past few years regarding the increase in the annual deaths from cancer. The figures of the Registrar-General's report, the writings of Dr. Charles Moore and of Mr. Dunn, have especially drawn attention to this question.

The deaths from cancer in England and Wales in the ten years 1860–69 were 80,049 with an average annual increase of 248. In the next decade,1870–79,the number of deaths was 111,300, with an annual increase of 320. The total increase in deaths from cancer in the decade 1850–59 was 2,000; in the decade 1860–69 it was 2,400; and in the decade from 1870–79 it was 3,200.

In 1874, Dr. Farr remarked that, in England, "cancer, one of the largest and most painful diseases to which mankind is subject, is growing more fatal." The rate of deaths from this disease in that country,from 1873 to 1874, was equal to 443 in every 1,000,000 of population.

In this country the vital statistics of this city show that the number of deaths from cancer in 1869 was 304, in 1875 was 415, and in 1883 was 678. The estimate was made ten years ago by our City Board of Health that the rate of deaths from cancer was but little over four hundred per million inhabitants, According to the last reports it is about five hundred and thirty per million. These figures, however, include a large hospital mortality. In Brooklyn the deaths from cancer in 1883 were only 262 in a populrtion of 624,118, which gives about the same rate as that of New York ten years ago.

It cannot be denied,in the face of statistics like the above, that the death-rate from cancer is increasing absolutely and relatively in some parts of the world.

But that there is now a greater susceptibility to cancer than formerly has not yet been proved. Cancer is a disease of the degenerative period of life. It occurs between the ages of forty and sixty. Now, improved modes of living have increased the number of persons who reach these ages. In England and Wales, for example, during the years 1838–54, out of 1,000 children born, only 309 reached the age of sixty-five; during a subsequent period—1876 to 1880—out of 1,000 children born, 333.4 reached the age of sixty-five, being an increase of nearly one-tenth. Investigations thus carried out would show, perhaps, that the number of persons reaching the age susceptible to cancer has increased in a greater ratio than have deaths from the disease. The volley from the enemy is the same, but the number brought to the front is greater.

Treatment of Acute Nephritis. — Aufrecht (Berlin Klin. Wochenschr) strongly advises abstinence from the use of all stimulating diaphoretics, or diureties which irritate the tissues, in treating acute parenchymatous nephritis. He lays much stress on the advisability of keeping the patient in bed until the albumen disappears from the urine, and of giving as little nitrogenous food as possible,

so that the kidneys may have little to excrete. At the same time he gives large quantities of liquids. For the first ten days or so he gives water, effervescing water,gruel, bread and butter, and farinaceous food. He begins to give milk or beef tea only at the end of the second week.

Injections of Ether and Iodoform in Cold Abscess.—According to the Revue de Therapeutique, Prof. Vernueil obtains a rapid cure in almost all his cases of cold abscess, abscess from diseased bone, or from congestion, etc., by ethereal injections of iodoform, of the strength of one in twenty. The abscess is first emptied by means of Potain's aspirator, and then receives from 100 to 300 grammes of the iodoform solution. By not exceeding this quantity (*i. e.*, five to fifteen grammes of iodoform) no fear of accidents need be felt. The liquid penetrates into all the anfractuosities and diverticula of the abscess, the ether becoming absorbed or evaporated,and the antiseptic agent being deposited uniformly on the pyogenic membrane, the action of which it modifies. This simple means, so exempt from danger and so easy of application, has proved highly successful, very large abscesses having yielded to three or four injections.

Bicarbonate of Sodium in Iodoform Poisoning.—According to the Practitioner the Rivista Clinica states that bicarbonate of sodium is an antidote in poisoning from iodoform. Since the latter drug is eliminated in the urine as a sodic salt, the author assumes that it abstracts alkalies from the blood. By supplying the alkali thus withdrawn from the blood he believes that the system may acquire a special toleration for iodoform.

Binaural Stethoscope Attachment.—Some of our Eastern journals have lately been commenting on an attachment to the chest piece of the binaural stethoscope which, as quoted by the Boston Medical and Surgical Journal, is claimed by Dr. D. W. Camman. The modification consists in an appliance by means of which a circle of rarified air surrounding the actual chest piece is produced by the assistance of a bulb attachment. This device has, however, been in the market for more than two years, one of our Chicago physicians having brought one from Paris, we think in 1881. The instrument is described in full in Wood's Library for 1884, in the work of Constantine Paul.

The Treatment of Phthisis is thus detailed in the Edin. Med. Journal by Dr. F. P. Atkinson:

No one, I think, can question the fact, that the treatment of phthisis has undergone a marked change for the better during the last twenty or thirty years. The cause of the disease is now more considered than the symptoms—specific treatment is abandoned—and residence is recommended in those climates which are most likely to increase the appetite, improve the character of the blood and promote a healthy interchange of tissue.

Even during the continuance of winter, so long as the wind is in the south or west, gentle out-of-door exercise is preferrrd to confinement in-doors, and in many cases the dry, cold, bracing air of the Engadine to the warm, relaxing air of the Riviera. There can be no doubt that it would a great advantage were all persons suffering phthisis able to be treated in the climates most suitable to their particular case; but this, from various causes, is impossible, and we have to see what means we have at command for bringing about that improvement in health which is necessary in order to effect a cure.

First, then, I would say, it appears to me of little or no consequence what form of phthisis we are called upon to treat, and that the following remedies will be found suitable, with slight alteration, in all stages of the disease. Give syrup of the lacto-phosphate of lime and iron one dram (concent.); tincture of nux vomica five minims; tincture of calumba fifteen to twenty minims, with a little essence of lemon and water to the ounce, three times a day. A teaspoonful of pancreatic emulsion carefully mixed with water, or a teaspoonful of Lœflund's condensed cream

emulsion, or half a pint of koumiss once or twice a day. If the appetite is bad to start with, keep the patient well supported with Brand's essence of beef, or, better still, Valentine's meat juice, and milk; and if stimulants are necessary, give half a sherry glassful of St. Raephael wine twice a day. Paint the chest morning and evening with tincture of iodine till sore, then omit for a time, and afterwards commence the painting again. If there is much sweating at night, inject a hundredth part of a grain of atropia subcutaneously, or, especially if the cough is very troublesome, give ten grains of Dover's powder at bedtime. In the commencement of an acute attack, or when any outburst of pyrexia occurs, it may be necessary to give large doses of quinine and digitalis (as much, for instance, as two grains of the former, and five or seven minims of the tincture every two hours) in order to bring down the temperature; but still it must be remembered that treatment to be successful must be directed towards a general increase of nutrition. This holds good whether phthisis be proved to be due to germs or not. If there is much hemoptysis, give either some hazeline or acetate of lead and opium. When vomiting has been a very urgent symptom, I have now and then found Dr. Hughes Bennet's treatment of great service, viz., ten minims of medicinal naphtha, one drachm of the compound tincture of cardamoms and camphor mixture to the ounce, to be taken every four hours.

In most cases I have been able to get on very well without inhalations, but have no doubt they might here and there—such as, for instance, where there are very large cavilies—prove of very great service. It is astonishing how many really bad cases improve under the above method of treatment; but it is, unfortunathly, not altogether suited to the poor on account of the expenses which it involves; yet even they, with continued use of the lacto-phosphates, not unfrequently undergo very material improvement. I consider the lacto-phosphates in every way preferable to the hypophosphites, and there can be no doubt we are deeply indebted to Dr. Dusart for such useful and extremely pleasant remedies. As he says, "they act as excitants of the nutritive functions, ensure digestion, bring back or increase the appetite, and generally improve the vital energies.

CONTRIBUTIONS.

ICTERUS NEONATORUM AND ITS RELATION TO UMBILICAL HEMORRHAGE.

BY N. M. BASKETT, M. D., MOBERLY, MO.

Read before the Moberly District Medical Association, February 1885.

I desire to read you a short paper, the principal features of which are derived from personal observation and practical experience, concerning the intimate relations existing between the jaundice in newly-born children and hemorrhage from the navel.

Genuine icterus neonatorum is not, in my experience, a frequent disease. It is true that most children undergo a change of color in a few days after birth, but this is most probably due to the active vital processes going on in utero being necessarily altered to correspond to the new surroundings. As the process of growth is not so rapid and the oxidation of the blood is performed by another set of organs, it becomes necessary for the processes of life to adapt themselves to the new relations by which they are environed.

This condition is transient and tends to fade rapidly away without any remedial treatment, being relieved by the purgative action of the mothers milk.

In genuine icterus this is not the case. The icterode condition develops rapidly. The skin takes on a yellow biliary hue. The eyes, particularly the sclerotic assume a deep-yellow color. The secretions about the eye are deeply tinged and the tears themselves become thick and yellow. The urine stains the napkins with the characteristic shade of bile, and the jaundiced condition of the child gives it a tinge dark as the mulatto or malay. Should this condition exist long, evidences of cholemia become marked, and unless relieved, the child may expire in a spasm or coma, from the poison whose presence counteracts the nutritive qualities of the blood.

This condition usually develops a few days after the birth of the child, most frequently

before the sloughing of the cord, sometimes subsequently. Whatever time it may occur it is always a grave complication, for while recovery will frequently occur the weakened condition in which the child is left gives it but a frail hold upon life, and any succeeding complication may carry it off all the more easily. One great danger while this condition exists is the occurrence of hemorrhage from the umbilical cord, or the umbilicus, if the cord has sloughed. A hemorrhage,which I have always found associated with jaundice and which no effort of mine succeeded in arresting until the jaundice was relieved.

I have found this jaundice with tendency to hemorrhage present more frequently in children born prior to full term, or in weak and poorly developed children. A gentleman whom I know has lost three children in this way; all suffered from icterus and the last two whom I saw had hemorrhage from the umbilical cord before death. I attribute this to the fact that in children born previous to the natural term of gestation the biliary ducts are not sufficiently patent for the bile secreted to be carried away, consequently it remains in situ obstructing the portal circulation, and through absorption poisoning the system.

When I began this paper I did not know I should find any literature bearing upon the relation existing between the jaundice of children and umbilical hemorrhage. Quite a number of authors whom I have examined are silent upon the subject. But I find a portion of one of Sir Charles West's Lectures on the Diseases of Children, devoted to this subject. He says that icterus is more liable to develop in premature children or weakly children or those exposed at early birth to cold and damp atmosphere, and speaks at some length upon the probability of hemorrhage occurring in this conditon and the difficulty with which it is controlled.

He further shows that in many of these cases, there is a congenital malformation or entire absence of the ducts which convey the bile into the intestines, or an absence of the gall bladder. In other cases the trouble can only be accounted for on extraneous grounds, or a want of sufficient vitality to carry on the functions of the system at a proper or normal standard.

If then, from any cause, the bile is not eliminated it at once perverts the function of the liver as a blood making organ, congestion ensues in the hepatic ducts of the liver causing pressure upon the capillaries of that organ and the flow of blood through the liver is retarded. This interference produces a damming up of blood in the portal system, which causes a passive congestion of the mesenteric,umbililical, and hemorrhoidal veins. As there are no valves in these veins, at the time the pressure of arterial blood from behind increases the congestion, until the distended veins, no longer able to stand the pressure upon them, tend to relieve themselves at the weakest point. As a consequence the umbilical vein is re-opened and the blood escapes through it. Nature is compelled to relieve herself in some way.

While this effort of relief is in process, another action is occuring, which tends to destroy vitality. That is the absorption of bile into the system. It destroys the blood and weakens nnd perverts nerve power. It becomes therefore the duty of the physician to relieve the congestion and by so doing check the hemorrhage and at the same time purify the blood by eliminating the poison from the system.

I have had five of these cases of icterus associated with umbilical hemorrhage in my practice. Two of them were premature children and both died. Another born at full term also died. The others were at full time and both recovered. In none of these cases was the hemorrhage checked despite the use of astringents, ligatures, styptics, or cauterants until the bowels were moved by the use of cholagogues. In those that died no action of the liver was ever established, nor was the hemorrhage checked. In the cases which recovered, the bleeding yielded promptly upon the action of the purgatives.

The remedy I have used for purgation is the hydrarg cum cret. in half grain doses associated with sodii bicarb and sacchar alb., given every hour and a half until three or four doses are given, to be followed by half a teaspoonful of castor oil if the bowels do not move promptly. If nausea and vomiting exist they can frequently be relieved by three or four drops of tinct opii camph combined with mint water. A warm bath with small doses of elix pot. brom. are excellent to relieve any indication of convulsions.

In the cases of congenital malformation no treatment will be successful. The child may linger some hours, but will eventually succumb to a condition for which neither medicine or surgery affords any relief.

—We have just received some very serviceable perforated exchange lists. They are furnished by the Medical Journal Company, of Detroit, Michigan, and will be very serviceable to those wishing to send reprints to the various journals. and college announcements.

SELECTIONS.

ON THE TREATMENT OF IRREDUCIBLE INTESTINE IN HERNIOTOMY.

BY F. A. SOUTHAM, M. B. OXON, F. R. C. S.

Assistant Surgeon to the Manchester Royal Infirmary and Surgeon to the Clinical Hospital for Women and Children.

[British Medical Journal.]

It occasionally happens that, on opening the sac in herniotomy, coils of intestine are found, so closely and so firmly bound together by dense adhesions, that it is impossible to divide or tear them through without injuring the bowel; especially in cases where the walls of the latter are extremely congested, and, consequently, more readily lacerable than in a healthy state.

This condition is only met with in herniæ which are of long standing, and have previously been of an irreducible nature. Associated with these internal adhesions, others are often found running between the walls of the sac and its contents; in rare instances, the portion of mesentery contained in the sac is so much thickened and hypertrophied that, independently of the presence of any adhesions, the bowels may be irreducible from this cause alone.

In ordinary cases, adhesions, especially if recent, may be divided or torn through without much danger, though at times it may be necessary to dissect away the portion of the sac to which they are attached.

It is to the treatment of cases where the internal adhesions (that is, those between the coils of bowel) are so extensive, so firm, and so short, that they cannot be separated in this way, or where the hypertrophied condition of the mesentery is present, that I wish to call attention.

The ordinary method is to leave the bowel, after dividing the stricture, unreduced in the sac; the result is that the bowel, especially if much congested or inflamed, not unfrequently sloughs and gives way, or, if recovery takes place, the patient is still left with an irreducible hernia. In other cases, attempts to break down the adhesions are persevered with until the bowel is ruptured. An alternative to these procedures, in cases of inguinal hernia, is to enlarge the opening in the abdominal walls by an incision, carried upwards from the internal ring, large enough to admit of the reduction of the coils of intestine, still adherent together, into the cavity of the abdomen. The opening having been made, the bowel is replaced through it, as it were, en masse; the wound in the abdominal wall is then closed, and at the same time a radical cure may also be performed.

In illustration of this method of treatment, I may mention the following case of strangulated inguinal hernia, which was under my care at the Manchester Royal Infirmary, in February, 1884; it occurred in a man, aged 49, the hernia having been present and irreducible for upwards of twenty years. On opening the sac, there was found a mass of bowel, of the size of one's fist, the coils of which were firmly adherent together by short, dense, firm bands, evidently of long standing; there were no adhesions between the bowel and the walls, or the neck, of the sac, nor was there any omentum present. After dividing the constriction, which was high up at the internal ring, an attempt was made to separate and break down the adhesions binding together the coils of intestine; but these were so firm and short, that it was quite impossible to do so without lacerating the walls of the bowel, which, being extremely congested, were not in a condition to stand much force or pulling about.

The incision was accordingly prolonged along the inguinal canal up to the internal ring, and then carried upwards from the latter for about three inches through the whole thickness of the abdominal walls. This having been done, the coils of the intestine, still adherent together, were then without any difficulty at once replaced in the abdominal cavity. The margins of the opening in the peritoneum were brought together by catgut sutures, and the internal ring was also closed in the same way, care being taken not to include the spermatic cord. The opening in the abdominal walls was then closed with silk sutures, passed deeply, so as to include the muscles, but not the peritoneum; a drainage-tube was brought out at the top of the wound, and also through the counter-opening at the lower part of the scrotum, so as to draw the sac from its bottom, The wound was dressed according to the Listerian method, the operation having been performed under the carbolic spray. The wound readily healed, and recovery took place without a single bad symptom; the patient was up on the twelfth, and on the eighteenth day he left the hospital, wearing a truss, the pad of which was made to cover and press over the abdominal incision. When last seen, some weeks later, he was following his usual occu-

pation, that of a laborer, and there was no evidence of any tendency to the formation of a ventral hernia.

A somewhat similar plan of treatment was adopted by my colleague, Mr. W. Whitehead, with an equally successful result, in a case in which I assisted him some months previously, in this instance, however, the irreducibility of the bowel was not due to any adhesions, but to a much rarer condition—namely, an extremely thickened and hypertrophied condition of the mesentery contained in the sac.

The advantages of this plan of treatment over the ordinary method are as follows:

1. If much congested or inflamed, the bowel is more likely to recover itself in the abdomen than in the sac, where, if left, if not unfrequently sloughs and perforation results.
2. The patient is not left with an irreducible scrotal hernia.
3. A radical cure can be performed at the time of operation.

The chief objection to this method is that, owing to the somewhat free division of the abdominal walls sometimes necessary, a ventral hernia might afterwards form at the cicatrix; but this can, as a rule, be prevented if the patient wear a truss or an abdominal belt; even if a slight protrusion do appear, the inconvenience caused would probably be less than that which accompanies a large irreducible scrotal hernia.

The extra-opening into the abdominal cavity is not attended by much more danger, if the operation be performed with strict antiseptic precautions; and the risks attendant upon it are, I think, not greater than those which accompany the leaving of the bowel unreduced in the sac, or the attempt to forcibly reduce it by dividing or tearing through old adhesions, when exceptionally dense and firm.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, March 14, 1885. The President, Dr. Atwood, in the chair.

FOREIGN BODY IN SKULL.

DR. DEAN related that Chas. K., aged 48, married, a laborer, had not long ago picked up a bomb-shell and wanted to fill it with lead. He dipped it in a kettle of molten lead, it burst and struck the left side of his face. His face was begrimed, swelled and the wound seemed to include the malar bone and part of the zygomatic. The upper eyelid was almost perfect, the eyeball was gone, as also the floor of the orbit, the antrum being opened up. The roof of the orbit and the orbital ridge were apparently normal. The hard and soft palates appeared intact. The bones of the nose were in line and no pieces of iron could be seen. The wound was washed and dressed with iodoform and carbolized oil.

March 1.—No fever or mental disturbance.

March 2.—Temp. 38.1°, C., pulse, 70. Better; the parts which were previously red and swollen were much improved.

March 3.—Temp. 38.4°; pulse 68.

March 4.—Temp. 38.1°.

March 5 and 6.—Temp. 37.8°.

March 10.—Temp. 37.1°.

March 11.—Temp. 36.8°.

The man was improving and the wound looked well. He was removed home at the solicitation of his wife and Dr. Bernay attended upon him. Dr. Bernays reported that, in the afternoon of the day of removal, the man was delirious and unmanageable. On examination he found in the roof of the orbit, about the middle, something hard, and pulling upon it strongly he brought out a piece of the shell. The piece went in like a button in a button hole. The dimensions of the piece are as follows: Thickness, 8.0 mm.; length of concave arc, 45.0 mm.; of convex arc, 60.0 mm.; length of narrowest end 26.0 mm.; greatest width, 47.5 mm.; length of projecting spiculum 6.0 mm.; length of longest arch 60.0. Weight 101 grammes. Dr. Bernays says that the fragment is of irregular shape, the sharp spicule being in the upper, outer corner of the orbit and having driven a portion of the frontal bone into the skull cavity. The corner diagonal from the spiculum was lodged in the sphenoidal sinus. The rounded corner of the piece of the shell had destroyed the left half of the ethnoid and part of the right; the vomer being intact. The fourth corner of the fragment was lodged in the spheno-palatine foramen and the floor of the sphenoidal fissure. The lachrymal and malar bones were comminuted. At present the spheno-palatine fossa and the orbit and the pharynx form one cavity, the hard and soft palates remaining intact.

DR. MULHALL had nothing to add except that the interior of the sphenoidal sinus could be seen; its anterior wall being removed. This was perhaps the only case on record in which the interior of the sphenoidal process had been seen in a living sub-

ject. The anatomy of the parts was difficult to make out on account of the amount of bone driven in.

THE ETIOLOGY AND TREATMENT OF CHOLERA.

DR. A. GREEN read a paper on this subject, of which the following is a brief synopsis:

The subject was introduced with a short sketch of the history of cholera. Until 1830 it was almost unknown in Europe. Its home is in East India, on the shores of the Ganges and Bramaputra. At the close of 1818 it wandered all through East India, it kept going on to the islands of the Indo-Chinese Archipelago and then to China. It continued westwardly and reached the coast of the Persian Gulf in 1821. In 1823 it appeared for the first time in Europe, in Astrakhan, at the mouth of the Volga. In 1829 it again appeared in Europe, on the Volga, and in September 1830 it had reached Moscow. It might have been successfully checked but for the Russo-Polish war, which took place in 1831. In April of that year, cholera was imported into Poland by the Russian army, and in May was already in Dantzig, and in spite of all efforts its further spread could not be checked. In September it was in Vienna; in 1832 it was in France (in 1833 in Spain), thence to England, whence it was brought to America in 1832. In 1846 it took a fresh start from Persia. Germany and the greater portion of Europe were revisited by cholera. In 1849 it was brought here by means of the ports of New York and New Orleans. In 1854 and 1866 similar outbreaks were observed and in 1873 there were three limited outbreaks at points distant from each other. It is evident that the history of cholera is that of the travels of a powerful enemy. We carry it in our ships, in railroads, in our clothes, to our country, to our friends, to our family. What is it? Is it a material something or is it some imponderable poison lurking in the atmosphere?

ETIOLOGY.—Cholera is a specific, infectious disease and can be only produced by infection. By such we mean where the morbus materia is imparted to the human body from without. It also involves the reproduction of the morbific material as one of the causes of disease. It is of a bodily nature, organized and living contagium vivum. It consists of low vegetable organisms continually undergoing disintegration, but repairing the loss by nutrition. The various vegetable poisons, such as aconite, belladonna, etc., call forth various morbid phenomena, but, as they do not possess that incomprehensible something we call life they differ essentially from these micro-organisms.

1. Vegetables and minerals only produce evil effects when in sufficient quantity and strength. On the other hand, the least quantity of living infectious material—disease germs—introduced in a body which is susceptible, will, sooner or later, call forth all the phenomena peculiar to the disease of which it is the cause.

2. Poisons display their effects as soon as they arrive in the general circulation. Micro-organisms do not. They have a period of more or less time in which they develop and this period of comparative health—incubation—varies in different infections. This difference depends, in part, on the quantity of organisms introduced and in part on the susceptibility of the individual.

3. In some of the infectious diseases, some persons enjoy immunity, whereas others are susceptible to a higher degree. This depends upon the composition of the fluids of the body. If there be an abundance of a certain unknown material, the individual is very susceptible, and if none exist he is not. This explains why infectious diseases affect a person only once in a lifetime, or, in other words, are self-protective.

If by diet or some other means that material is regained, the immunity ceases, and we are again susceptible. No matter how susceptible a person may be he will never be infected unless his organism comes in contact with the infectious material. No matter how bad a state an individual may be in or how chronic a bronchitis may be, he will not have tuberculosis if its micro organism be not present. Asiatic cholera will never appear here if its bacillus be not imported. Persons will not die of cholera from drinking impure well water or from uncleanliness unless the cholera bacillus is there. Cholera will not result from catarrh of the stomach or bowels if the bacillus be not in the alimentary canal. It is true, however, that one with a diminished degree of resistance will contract it much more easily, and such conditions as mentioned above will tend to reduce the force of resistance.

4. Common poisons, if introduced in quantities sufficient to produce their morbific effect, cannot re-produce themselves or multiply. Inoculations will not be fruitful. In the case of a virus, depending upon a living organism, the least amount will reproduce the disease by inoculation. In order to infect and multiply in an animal body, the parasite must possess vitality; hence a disinfectant is

an agent that deprives a disease germ of its vitality.

Disease germs are either endogenous or exogenous. The cholera bacillus of Koch is exogenous, having a longer or shorter period of incubation. During this period the germs multiply and reproduce themselves. After this each and every diarrheal discharge contains a new crop of the pestilential poison which only requires the proper conditions to become contagious. The body of the patient cannot infect and cholera is not contagious as is the case in small-pox, measles, scarlatina, etc. Still it is contagious in an other way. If the germs find the conditions necessary for their development in the patient's body, the linen or the floor of the room they may be transferred to another in a variety of ways which it is unecessary to mention here. The effective means to prevent this are obvious. The discharge ought to be mixed with some powerful disinfectant, the hands should be washed after touching the patient, the linen should also be disinfected and the floor. This method applies as well to those with a slight diarrhea as in protracted cases.

Treatment.—Many remedies have been recommended for cholera, and among these opium takes the foremost rank. It cannot be denied that opium judiciously applied, before the stage of collapse will do good. But when it is not doing good, it must not be pushed too far. Other remedies which have found favor are: subnitrate of bismuth, tannic acid, strychnia, a number of astringents, etc., the Russian "drops", calomel, which is good sometimes, nitrate of silver. All of these remedies, however, only do good when administered before the stage of collapse. Although sometimes the most desperate cases get well, we have others in which medication is utterly powerless, despite the fact that it was employed from the earliest period of the disease. These remedies cannot remove the cause of the disease. Hence it is self-suggested that if we could find a remedy, capable of killing that living parasite in the alimentary canal and not injure the patient, it would be the thing. Prof. Eichers has highly spoken of a one per cent solution of carbolic acid in ether, and he says that to-day we might employ salicylic acid, salicylate of soda and benzoate of soda. The difficulty in their employment is that the vomiting and diarrhea prevent absorption. It might perhaps not be irrational to introduce them per rectum. In regard to narcotics he says that a few years ago the Russians claimed to have dicovered a specific in hypodermic injections of chloral hydrate. The writer remarked that a one per cent solution of carbolic acid is very weak and becomes further diluted by admixture with the fluids in the stomach. Besides, it cannot be employed in sufficient quantity, as it cannot be eliminated by the kidneys, there being suppression of urine in cholera. Salicylic acid and salicylate of soda are impalatable and will be vomited, besides they are heart depressants. The benzoate of soda increases the heart's action, and might be tried. It is not palatable and not a general germicide. The use of chloral hydrate hypodermically was considered irrational. The circulation is very low and nothing can be expected from hypodermic methods. It might do good internally in small doses, as an anti-parasitic. The writer stated that, after a number of experiments and trials, he had found what he regarded as an efficient and harmless remedy for cholera. It is antiparasitic, antifermentative, antiseptic, antiemetic and pleasant to take. His formula is as follows:

℞ Benzole, - - - - ʒij.
Mucilag. gum. acaciæ; Succ. liquirit. dep. - - - aa ℥j.
Add:
Acidi carbolici, - - - ʒss.
Chloral hydrat, - - - ʒj.
Ol. Carni, - - - - ʒss.
Aq. destillat, - - - ℥iv.

M. D. S. Shake well and take a tablespoonful every hour or two.

The remedies are all familiar with the exception of benzol, which is a good antiparasitic agent, as well as antifermentative and anesthetic. It exerts a good influence also in controlling vomiting. It will not mix with water, so that mucilage of gum arabic must be added to make a homogeneous mixture.

Dr. Johnston recapitulated the work of the French, English and German Cholera Commissions and said that he did not believe that the comma bacillus was the cause of cholera. In fact, he was opposed to the germ theory of diseases.

Dr. Green answered that belief was admissible in religion but not in science, besides negative proofs prove nothing.

Dr. Hughes read extracts from a letter, he recently received from an old citizen, relative to the cholera epidemic of 1849. In September, 1884, Dr. H. read a paper on the relation of the nervous system to cholera and this letter made some corrections to statements made there. The writer had observed that the highest rate of mortality prevailed when the atmosphere was humid and the

wind low and from the east and south-east. When the weather became dry and a brisk north-west wind set up, the mortality declined rapidly. Dr. H. said that the corrections made did not invalidate the conclusions he had made in his paper, that the mental exaltation and activity induced by the fire called out all of the energies of every one and contributed largely to avert the spread of the cholera during that week. The activity increased the tone and resistance, and after this brief period, all fell back into their former state of fear and inactivity together with nervous depression and the mortality rose again.

CHICAGO MEDICAL SOCIETY.

[CONCLUDED.]

REPORTED FOR THE REVIEW.

Discussion.

Dr. C. E. Webster stated, that through the kindness of Dr. Webb, he had an opportunity of examining the patient and was greatly interested in this report of a rare and obscure disease. He would like to inquire of the reader if in his study of this disease he had been able to distinctly separate it from the condition known as fragilitas ossium? It seemed to him that cases of fragilitas ossium were sometimes diagnosticated as osteo-malacia. He also thought that there was a tendency, growing from the reticence on the part of patients to admit syphilis, to make that diagnosis in all obscure cases, not giving due credence to other possibilities. He would like to know if any examination of the liver was made at the autopsy? And also, whether it was an established fact that only a rare form of albumen was soluble in boiling nitric acid? Regarding supporting the chest, he thinks no splint could have been devised to prevent collapse of the thorax.

Dr. G. Newkirk.—If the enamel of the teeth were not affected in the case reported, or in this disease, and if the disease is associated with pregnancy, the fact must be that if the pregnant state dissolves the lime salts of the teeth, it does not do so from within, but absorption or disintegration proceeds from without, as from disordered secretions of the mouth.

Dr. J. J. M. Angear referred to the absence of allusion to the trophic nerves in the paper as a possible starting point of this disease. Regarding onanism as a habit, everything following this practice is of course attributed to it, but he thinks there is a disease of the nerve-centres that causes this condition and that it is governed by nerve influences, therefore, he thinks when a post-mortem is made the nerve centres should be examined in cases where a patient is known to have practiced onanism as well as in those of mollities ossium.

Dr. A. Leigh inquired if there were any changes in the small blood vessels; were those in conjunction with the portal vein and heart cyanosed?

Dr. L. H. Montgomery thought that if the patient had had syphilis several years previously and the children were robust in appearance, when during a considerable portion of the time tertiary symptoms manifested themselves in the father, he could not understand how it was the children enjoyed good health now.

Dr. Webb closed by stating, that he could not answer satisfactorily the queries that had been propounded. He thought there was a close relation between cases of mollities ossium, and fragilitas ossium, rickets and specific disease. Regarding the nerve centres that control the process of nutrition he thinks it is quite probable that they are the seat of the disease primarily, or that hydromyelitis or osteo myelitis may be complicated with it. He was sorry to state that he had not examined the liver in this case as he should have done, and had not secured slides of this organ for microscopical examination.

Typhoid Fever; Its Hygienic and Specific Treatment Illustrated by Citation of Cases.

Dr. David O'Shea read a paper having this title, of which the following extract is taken, details as to history, symptoms, its course, complication, relapse, sequelæ and pathology being omitted: Regarding the etiology, foul air or contamination by drinking water is not always a cause of producing the disease. The writer believes there is a true enteric bacillus to be discovered. If the disease is specific in its nature and derived only from some pre-existing cause, or if it is produced in a person suffering from some form of fever or generated *denovo* by decomposition of sewage, etc., it has the same general assemblage of symptoms and the practical issue is the same—the prompt removal of the fecal matter of a patient. Regarding there being a specific typhoid bacillus, Klebs claims to have already identified this, which he has found in the blood, lymphatics and other tissues. Who knows but what this statement may be confirmed? Whether it be an hypothesis or actual discovery remains to be proven and well tested by undergoing the most scientific scrutiny before such announcement should be made to the medical world. It is very rare for the disease to occur in a person far advanced in years, and it is

equally obvious that certain families are extremely susceptible and liable to have the disease in severe form. There is also sufficient reason to apprehend a formidable attack if a parent has died of the fever. The invasion may be very insidious; and when called to see a case of suspected typhoid fever, the first thing to be done is to consider the patient's family history, then the personal history of a patient along with his present condition, these important points to guide us in forming a prognosis. After the diagnosis has been made we commence the treatment. The principles on which this is conducted are generally accepted and well understood, and success depends greatly on the intelligent application of remedies to individual cases and careful attention to details in every stage of the disease. Thirteen cases were then briefly reviewed by the author that he had treated. In general it may be said—that when possible, he had his patients placed in a large, airy and well-ventilated room with the doors or windows opened continously more or less according to the condition of the weather and the bed placed so as to be easily approached from either side. The bed should also be firm and comfortable, feather mattresses should be removed; and when practicable have the patients occupy two beds, one during the day and the other at night time. The covering should be light but sufficient to protect the patient from changes in the external atmosphere; always keep a record in each case, of the morning and evening temperature, rate of pulse, amount of nourishment and medicine, given, together with the number and quality of evacuations from the bowels daily; sponge the patients night and morning with tepid water and alcohol, have their hands and face frequently sponged during the height of the fever. If the morning temperature is above 103° F. and above 104° F. at evening, the "wet pack" applied to the chest, an ice bag to the head along with a mustard foot bath three times in twenty-four hours will prove very efficacious and grateful to these cases. In the thirteen cases alluded to all recovered, and in but one was it absolutely necessary to use a bed-pan. The vessel to be used for this purpose should always contain a disinfectant and should be about one-third full of water, to this is added a teaspoonful of a 25 per cent. solution of carbolic acid and kept in readiness easy of access when needed, and when it has been used by a patient another teaspoonful of the acid is added, and if it be during the summer season the entire contents are buried. If it be during the winter time it can be emptied into a water closet. No one should occupy the same bed with a patient, and if possible not to occupy the same room and only those advanced in years to act as nurse.

The specific treatment as laid down by Liebermeister, Traube, Wunderlich and others consists in the administration of ten grains of calomel at a single dose the first day the fever is recognized, and eight grains a day for three or four days after, or according to the condition of the bowels. It is a curious fact that these large doses of calomel had an antipyretic effect in each case. With this remedy the writer could bear testimony to the shortening of the duration and to lessening of the mortality in this disease, as compared with the more specific expectant or any other plan of medication. The above hygienic and specific course was pursued in every instance and in none of the cases did the temperature rise above 104½° F. The complications were few and of short duration. The longest period any of his patients were sick was twenty-six days, the shortest duration was fifteen days; only one of the number became delirious; in this case the disease was not recognized until the commencement of the second week, hence several days elapsed ere any calomel was given him. Whether the non-administration of this drug during the first week was the reason of the delirium the writer did not advance a positive opinion upon, but this he stated was true. The patient was sick the longest and had the most copious discharge from the bowels. The true value of this plan of specific treatment in typhoid fever, however, cannot be ascertained from this limited number of cases, but he recommended its further trial to be faithfully carried out by others.

A lengthy discussion followed.

Dr. G. C. Paoli thought in light cases of typhoid fever we could rely upon nature to do most of the work. Regarding the calomel or specific treatment, it was used fifty years ago, and abandoned; venesection was practiced long before that, and subsequently, and it was also abandoned. The speaker continued by giving a résumé of the tartar emetic plan to expel the poison, also the treatment with tr. digitalis, etc. He had seen the disease run its course in eight, nine, or ten days; then, too, he had seen cases that continued twenty, twenty-five, thirty and forty days. He had also seen the disease in a malignant form run a rapid course to a fatal termination. He relied a great deal upon good nourishment and careful nursing of the patients, and to keep them as quiet as possible. He thinks there is danger in having two

beds, as was suggested in the paper, for when Peyers glands were inflamed or cicatrization was incomplete, moving a patient too frequently from one bed to another might excite inflammation or ulceration again. Relative to the diarrhea in these cases, this we cannot stop, but it can be modified, or we can keep it under control. He did not believe there ever existed such a thing as a typhoid bacillus, nor that such would ever be discovered. He gives very little quinine in this disease, and he had seen two patients die from the administration of forty grains of this salt during an attack of typhoid fever.

Dr. C. G. Davis thought the writer had introduced some new and novel ideas; medicines are often injurious in this type of fever. There has been a great reactionin the hygienic management of this disease. The idea once prevailed to scourge the disease from the system. Regarding the rate of mortality, with him it varied at different seasons and localities from four per cent to twenty per cent. He thinks there can be too much medication in treating a patient. A favorable prescription with him is:

℞ Tr. nucis vom. - - gtt. j.
Tr. aconiti rad. - - gtt jv.
Aquæ ad. - - - ℥jv.

M. et Sig. Teaspoonful every four hours. This will lessen the tendency to irritation of the mucous membrane along the gastro-intestinal tract, and he did not regard it as homeopathic treatment either. Milk is par excellence the best form of food for this class of patients.

Dr. C. E. Webster had usually pursued the expectant plan of treatment in these cases; he sometimes gave brandy in teaspoonful amounts as occasion required.

IN MEMORIAM.

The St. Louis Medical Society, with a deep sense of loss at the death of its senior member and ex-president, records this testimonial to the memory of

John Sidney Moore, M. D.,

who endeared himself during the forty-five years of his life in our midst, to all who came within the sphere of his influence. A native of North Carolina, he received a liberal literary training, and reading medicine, practised his profession in the states of Tennessee and Illinois, afterwards graduating under his distinguished preceptors, Joseph Nash McDowell and Daniel Drake at Cincinnati, Ohio. At the invitation of the former, who had removed to this city, he joined him in inaugurating the Medical Department of Kemper College, the first medical institution established west of the Mississippi River, and enjoyed the distinguished honor of delivering the first lecture upon medicine to the first class of students convened in the great valley. To his ability, energy and devotion is mainly due the prolonged existence of that institution, which, though experiencing many vicissitudes and changes, still flourishes as the Missouri Medical College. For very many years he was the able Dean of its faculty, conducting its affairs with rare executive ability, while filling respestively the chairs of Obstetrics and Diseases of Women, and of Theory and Practice of Medicine. Thoroughly identified with the profession at home, the American Medical Association honored him with national recognition by electing him one of its Vice-Presidents. Studious, energetic and reliable, with always a keen sense of responsibility, he discharged the onerous duties incident to an extensive practice with unfaltering patience. Courageously he faced contagion and notably, during the terrible cholera epidemic of 1849, he was indefatigable in the performance of professional labors.

His conduct, always squared with the requirements of our National Code of Ethics, was alike honorable to brother practitioners and the community. For irregulars and all who sought recognition through unrecognized methods he felt and expressed unbounded contempt. To youthful aspirants for professional position he was a fatherly adviser and assistant.

Professor Moore was an able lecturer, commanding the admiration of his colleagues and the devotion of thousands of students. His object was always to teach and he possessed to a wonderful degree the happy faculty of readily and forcibly imparting knowledge. His style, while not ornate nor marked by oratorical effort, was clear, concise, fluent and vigorous. Method characterized the arrangement of his subjects into which no extraneous matter was allowed to enter. To him pathological investigations, microscopic revelations, scientific dissertations and intricate theories, were valuable only as they conduced to the better understanding of disease and its treatment.

Enjoying the respect and esteem of the profession and the community, it was reserved to intimate friends, but few of whom survive him, to witness the beauty of his home-life. Genial, affectionate and hospitable, his residence was a centre where congregated beauty and intellect to bask in the sunshine of his

social virtues and enjoy the society of his affectionate wife, lovely daughters and manly son.

Those who knew him longest loved him best. Noticeably at the last sad rites, there assembled about his bier the associates of his earlier years, grown gray like himself in professional labors, while elderly citizens, mindful of his honorable career, united to pay the last tribute to all that remained of the true friend and noble physician. As we turn from his resting-place in Bellefontaine to resume the burthens of an exacting profession, there remains to us only fond recollections of a brother who, departing, left "no blot on his name."

Le Grand Atwood,
G. F. Dudley,
W.M. McPheeters,
J. M. Scott,
C. O. Curtman,
G. Hurt,
} Committee.

Peter V. Schenck, M. D.

Whereas, The sudden death of Dr. P. V. Schenck has been the occasion of convening his associates of the St. Louis Medical Society for the purpose of public and concerted action, therefore be it,

Resolved, That we deplore, in his untimely death, the loss of an esteemed colleague, whose diligent prosecution of his calling and sound acquirements in medical science made him a trusty counselor and commanded our respect, while his many amiable qualities endeared him to us as a genial companion.

Resolved, That his memory will endure with us as an efficient administrator in the several official and public professional positions which he filled with so much credit to himself and advantage to his patient.

Resolved, That we respectfully tender to his family our sincere sympathy in their great bereavement.

Resolved, That these resolutions be entered upon the record and communicated to the press.

Chas. E. Briggs,
R. M. Jordan,
Geo. F. Hulbert,
L. H. Laidley,
W. B. Dorsett.
} Committee.

The former assistants of the late Dr. P. V. Schenck, at the St. Louis Female Hospital and Poor House, now residing in or near the city, assembled for the purpose of expressing their grief at his loss and reverence for his memory, do resolve:

That we one and all bear testimony to his efficiency and constant careful attention to his duties as a public officer. That as Superintendent of the Female Hospital and Medical Supervisor of the Poor House, he deserved and commanded the respect and thankfulness of his associates, subordinates, and of the entire community.

That through his wide reading, vast experience, natural aptitude for his profession, and almost unlimited capacity for work, he had attained a degree of skill rarely met with, and that this he made use of as unstintingly and conscientiously for the friendless hospital patient as in the families of the wealthy.

That he possessed to an exceptional degree the faculty of imparting information; that he delighted in contributing to the improvement in their chosen calling of the young men with whom he came in contact; and that we feel personally his debtors, not only for knowledge acquired from his lips, but much more for the benefit of the lesson of his daily life;

That more than all, in the death of Dr. P. V. Schenck we have each lost a true, generous friend, ever ready by kind or wise word or thoughtful act to do all that lay in his power to guide, direct or assist us. That our consolation in losing him is the appreciation of our privilege in having known him.

That a copy of these resolutions be forwarded to the family of the deceased, and to the Weekly Medical Review, St. Louis Courier of Medicine, and the St. Louis Medical and Surgical Journal, for publication.

For the former assistant physicians by the committee:

M. H. Post,
John G. Robert,
H. G. Mudd,
Joseph Grindon.

CORRESPONDENCE.

NEW YORK LETTER.

New York, March 12, 1885.

Editors Review: The graduating exercises of the Bellevue Hospital Medical College occurred lsst Monday evening at the Metropolitan Opera House. Andrew Carnegie, Esq,, who has recently contributed so handsomely for the erection of the pathological laboratory to be used in connection with the college, addressed the graduates. As he stepped forward to address them

the graduates arose and greeted him with three hearty cheers.

In his remarks Mr. Carnegie said: "You should be grateful to a kind Providence for fathers who have not burdened you with riches. You make no question of success because success is a necessity."

There were 134 graduates, many of whom received most exquisite floral emblems. The music supplied by Thomas's orchestra together with the surpassing grandeur and beauty of the place gave a decidedly favorable impression.

Bellevue College has certainly this time outdone all commencement exercises of the kind. We surmise that the universal display was to indicate to Mr. Carnegie their appreciation for his valuable assistance to the institution.

On Tuesday evening of this week the University Medical College held their commencement exercises in the Academy of Music, graduating a class of 178 men. After the conferring of the degrees the band played "A Hunting Scene," by Bucallossi, introducing a novelty by singing to parts of the music the very suggestive refrain:

"As doctors we will go
With physic, with physic, with physic, with physic,
To cure 'em or kill 'em, To cure 'em or kill 'em,
As doctors we will go."

The Rev. Dr. Hall, in addressing them, spoke of the importance of their not only standing well in their own profession, but also of widening their minds by looking into other departments of thought and inquiry.

The New York College of Dentistry recently graduated a class of 46 men. At their exercises in Chickering Hall, Dr. J. Smith Dodge, jr., addressed them. He cautioned them against the too free use of the buccinator, so often called the "Great American" muscle; he advised them to spare their patients from the fumes of whisky and tobacco and never to be off fishing when needed at home.

The State Legislature have recently passed a bill compelling every packer or dealer in canned articles of diet, except milk and cream, to print on the labels the name and address of the packer, the date packed and the grade and method of preparation of the contained goods.

A recent decision of the court has put an end to the long controversy existing between the oleomargarine manufacturers and competing branches of the trade, the latter having attempted to suppress its manufacture and sale on the ground of its being prejudicial to health. The court declares in regard to it that "an article made from pure and wholesome material and not deleterious to public health cannot be prohibited so long as it is not sold under the guise of butter."

It is the opinion of the best sanitary authorities in the city that the substitution of oleomargarine for some of the lower grades of butter is a positive benefit to the health of the people.

The annual meeting of the Board of Managers of the Nursery and Child's Hospital report that institution in a very prosperous condition. There have been cared for by this institution over 2,000 persons during the last year. The financial status is excellent. The managers consist entirely of ladies.

St. Francis Hospital also shows in its annual report a very satisfactory condition of affairs. The number of patients treated were considerably over 2,000, a large increase over last year.

Dr. Wm. C. Jones read a paper before the Academy on Nasal Catarrh. Among its etiological factors he mentioned pressure irritation, retained secretions and especially deflected septum nasi. He believed also that the latter condition was often hereditary, he having observed its occurrence repeatedly in children of parents suffering from it. He had observed that where the palatal arch in the month was unusually high, deflected septum was usually present. The doctor exhibited some very ingenious instruments of his own invention for operating on the septum nasi.

During the past year we have had brought to the notice of the profession an unusually large number of liver abscesses. Through the kindness of Prof. Janeway we saw yesterday the case of abscess of the liver, which we have previously mentioned in one of our letters, operated on. The patient within the last few days has had a perforation of the abscess into the right pleural cavity accompanied with expectoration of large quantities of pus. An incision was made just below the diaphragm, where there was a manifest attempt at pointing and an immense quantity of pus and debris evacuated. Dr. Janeway prefers washing out the cavity with freshly boiled water which has been cooled down sufficiently instead of using the ordinary antiseptic solutions. He thus avoids the possibility of poisoning through absorption of the medicaments. The doctor's experience teaches him that most cases of supposed idiopathic abscess have a history of traumatism, usually the lifting of heavy weights, particularly when the right elbow is pressed into the side.

Contrary to the usual teaching, he finds that the febrile movement spoken of is not always present and that melancholia is usually absent. He emphasizes the importance of protecting the wound of abscesess from the discharge and recommends highly the iodoform dressing.

During the last four months measles have been very prevalent and unusually virulent, there having been over 100 deaths per month.

J. W.

PHILADELPHIA LETTER.

PHILADELPHIA, March 7, 1885.

To the Editors Weekly Medical Review:

Some four years ago a law was enacted in Pennsylvania requiring that all practitioners of medicine should register their diploma in the Prothonotary's office of their respective counties. This law imposes a fine of one hundred dollars for physicians practicing medicine without a diploma or without having duly registered. In Philadelphia city and county about 1,300 regular physician, 1,100 homeopathists and 100 eclectics have registered. There are, however, quite a number of persons practicing medicine in this city in direct violation of this law.

At its last meeting the County Medical Society took the preliminary steps toward suppressing these illegal practitioners. The committee having charge of the matter have made arrangements for dividing the city into sections, which will be placed under the care of one or more members of the committee, whose duty it shall be to search out and collect evidence against this class of practitioners. This is the beginning, what the end will be is still to be seen. There is no doubt that something should be done for Philadelphia is obtaining an unenviable reputation in this respect.

During the past month or two the County Society has also under consideration a bill to establish a State Board of Medical Examiners and Licensers. Several meetings in regard to this matter have been held, and a committee appointed for that purpose have reported two bills, but as yet nothing positive has been accomplished.

Dr. William Osler, who has recently been elected to the chair of Professor of Clinical Medicine in the University of Pennsylvania, has sailed for England, having been invited to deliver the Gulstonian lectures.

The recent fire at the Philadelphia Insane Asylum, resulting in the death of some twenty of the inmates, has excited considerable discussion as to the best method of conducting such institutions. At the present time the alms-house proper and the city hospital, including the insane department,are located in the same building and under the same management. It is now seriously proposed to remove the alms-house to one of the rural portions of the city and to utilize the entire building as a city hospital and place it directly under the care of the medical staff. As matters are now, the hospital is entirely inadequate to the needs of the city.

At the last meeting of the Academy of Natural Sciences, the President, Dr. Leidy, exhibited the crown of a tooth which had been found near Archer, Florida. The doctor stated that this undoubtedly belonged to a rhinoceros which had never before been described, although remains of the same genus have been discovered in this country.

Dr. Harrison Allen, Professor of Physiology in the University of Pennsylvania, has sent in his resignation to take effect at the close of the present session.

W. H. M.

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9 RED LION COURT, R. C., Fleet St., LONDON.
Feb. 20, 1885.

To the Editors Weekly Medical Review:

GENTLEMEN:—Oblige me by correcting a misstatement made in your issue of the 13th.

You state that Sir Henry DeBathe signed the "order for my admission on the part of my relatives."

Not one single member of my family ever was acquainted with that gentleman and it had never struck any of them I was the least "queer," except from the libels the Press spread broadcast about me and my supposed doings. And such a thing as placing me under any kind of restraint was never mooted to them.

Sir H. DeBathe is a Governor and the Treasurer of St. Luke's Hospital and doubtless instructed Mr. Weldon.

Your Obedient Servant,
GEORGINA WELDON.

ITEMS.

—Medical Graduates.—At the close of the winter session Rush Medical College, Chicago, sent out one hundred and fifty-one, and the College of Physicians and Surgeons, also of Chicago, sixty-two graduates.

—The Medical schools of St. Louis closed their winter sessions the first week in March. The Missouri Medical College held its commencement Tuesday, March 3, and conferred the degree of medicine upon ninety disciples. The St. Louis Medical College celebrated its commencement Friday, March 6, and twenty ardent students were honored with the degree. The St. Louis College of Physicians and Surgeons closed Saturday, March 7, and issued eleven diplomas.

—Toledo Medical College conferred degrees on thirteen students—eleven male and two female.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 13. CHICAGO AND ST. LOUIS, MARCH 28, 1885. TERMS: $3.50 A YEAR.

STATE SANITARY SURVEY.—We refer with pleasure to the circular of the Illinois State Board of Health contained in the present number. The work of the Board is characterized by intelligence and vigor. And the well-directed efforts of this beneficent authority is sustained by the populace of the state. The press, the judiciary, the people of the great and mighty state of Illinois evidence their superior intelligence and culture by encouraging and fostering their Board of Health. The idea of a State Sanitary Survey is a great conception, but the able Board and intelligent community are bound to make the project a success. The laudable effort deserves imitation in other commonwealths.

THE NECESSITY OF AN OCCASIONAL SEPARATION OF PARENTS FROM THEIR CHILDREN. —We remember once, not without some surprise, hearing a devoted mother express the absolute necessity she was under of occasionally leaving her children, all of whom were at the time seriously sick, to seek relief in the matinée. The declaration was to us a surprise, not that it betrayed any diminution of attendance on the part of the mother, there never was one more devoted, but on account of the soundness of the philosophy which she displayed. It is practically impossible without serious personal injury to continue the unceasing attention which many a mother is subject to during an attack of sickness which invades a little family of children. The amount of fatigue varies greatly, of course, according to the general education of the family. The fatigue cannot but be exposed in the features and actions of the mother and will thus exert its baneful influence on those immediately afflicted. Whilst this is unquestionably true in connection with any and every ailment, it is especially true of those suffering from nervous affections or of those of a petted and irritable disposition suffering in any way. This should not on reflection be a matter of surprise to us. We all know how impossible it is to live constantly in association with the same individuals on terms of equality and friendship without a feeling of irksomeness, which if not understood develops disastrous consequences.

Charcot has recently, in the Progrès Médical, given an excellent clinic showing the necessity of separation of certain hysterical patients from their immediate friends. We do not refer to the plan as new, but as a course which it is necessary to advocate again and again before it can sufficiently permeate the profession and the public in order to become a recognized course of treatment. In this clinic he narrates the case of a little girl in one of the provinces that he was requested to go and see. Anticipating from the description given him the nature of the case, he wrote that it was not necessary for him to go, but that they should send their child to one of the hospitals of Paris and thus separate themselves from the child. The parents brought their child to get the benefit of the hospital, staying themselves with the child. Receiving no satisfaction from this course, Charcot was entreated to see the patient, a girl of fourteen. She was reduced to a mere skeleton, voice practically inaudible, the extremities cold and livid, unable to support the head, the general condition so alarming that it was supposed she had only a few hours to live.

Notwithstanding the unpromising situation, Charcot persuaded the parents to leave the child under the pretext that they had to re-

turn home. From the departure of the parents her appetite asserted itself and her recovery was assured.

The real subject of the clinic, however, was a family of three children,one girl and two boys, all of them the subjects of hysterical epilepsy which originated with the girl at the close of a prolonged séance of spiritualism at which she was a medium. She was subject to fifteen or twenty attacks during the twenty-four hours. In about four months from the commencement of the attacks in the daughter, similar epileptic seizures manifested themselves in the two boys, and the children could not even meet each other in the house without exhibiting simultaneously epileptic seizures.

The parents consented to the removal of the children to the Salpetrière. The girl was separated from the boys and all were at the same time subject to such simple treatment as circumstances suggested. Although separated, in the ordinary routine of the hospital, they occasionally met, and an epileptic seizure was the consequence. But, after a prolonged separation, first the youngest boy, then the second and finally the girl was returned to the parents apparently completely cured.

This type of affection is perhaps a good deal more common in France than in America, but we fear that it is becoming more common among us and that the peculiar education so prevalent in families at the present day is the real source of this difficulty. Whilst Charcot details the subsidiary details of treatment associated with their stay in the Salpetrière he distinctly states that he regarded the isolation as the fundamental factor in the treatment.

The Rapid Cure of Dupuytren's Contraction by Excision.—H. A. Reeves records in the British Medical Journal a case of contraction of the palmar fascia, that proves the possibility of speedily remedying a disease of long standing, and which has hitherto been considered slow of cure, or intractable and even irremediable. It is the second case of this deformity occurring in females which has come under his observation during the past five months. Though only three months have elapsed since the operation, the case may be considered complete on account of the method of operating, which removed the cause of the distortion, so that no fear of relapse need be apprehended, as the linear cutaneous cicatrix is unlikely to retract to any noteworthy extent. There is a slight longitudinal depression along the site of the excised band, but the finger is perfectly straight and thoroughly serviceable.

The history is as follows: "Mrs. P., aged 45, first noticed a thickening in the palm and contraction of her right finger at the age of 32. She thought it might have been produced through falling from, and being dragged some distance by a horse, while holding the reins. Shortly afterwards, she worked much with a sewing-machine, which was as a new toy to her. Being fond of music, she practiced a great deal on a digitorium. The contraction increased, and, when seen by me, the ring-finger was completely flexed. I made an incision through the skin down to the band, and along its entire length. The skin was then separated from the band, which was thoroughly isolated, except at its ends, and was divided at its upper end. I then tried to straighten the finger, which, however, only became straight after the use of a little force, which was accompanied by two loudish snaps, due to the rupture of some deep fibres. The band was then freely excised, and after removing Esmarch's bandage, as there was no hemorrhage, I accurately adjusted the skin-edges with fish-gut sutures, and put the hand in a long back splint for the forearm and hand, with the fingers fully extended. The bandages had to be relaxed in 24 hours, having purposely been applied somewhat firmly, in order to keep up full extension. The wound healed by first intention; and, within three weeks, my patient could play the piano, write letters, etc. I saw her a short time since, and find that the finger is quite straight, and that the use of it is so very like the normal as to be termed perfect.

I should state that this is the patient's view of the condition as well as mine.

I think the plan I adopted and intend to repeat, of excising the offending band, and removing the cause of the contraction, is the proper proceeding. Certainly, the result in the case narrated is most satisfactory; and now-a-days, we know that cleanliness is all that is necessary in a healthy patient to insure good union of a wound, so that the former risks of the treatment by open division are no longer feared.

Before this case was operated on, I was strongly in favor of subcutaneous division; but seeing how slow, and sometimes uncertain this plan is, and knowing the liability to recontraction when the band is left, I have no hesitation in stating my belief that excision of the band will be the operation of the future when dealing surgically with Dupuytren's contraction."

Incontinence of Urine in Children.—The Medical World thus abstracts Eustace Smith:

"Of medicines which diminish irritability, belladonna takes the first place, but it is important to be aware that this remedy, to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils, with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age, twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:

℞	Tinct. belladonna, -	gtts. j,
	Potas. brom., - -	grs. x,
	Infus. digitalis, -	ʒ ij,
	Aquam ad., - -	℥ss.
	M. Ft haustus.	

When the incontinence continues in the day as well as at night, strychnia should be combined with the sedative, so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (℈j—ʒ j. to the ounce of water) has been found successful."

Tubercle and Vaccination.—As bearing a practical relation to an allimportant subject we feel obliged to give space to the appended excellent article in the London Medical Times and Gazette, Feb. 21, 1885. The article is so forcible that it merits a careful perusal and thoughtful consideration.

"The possible communication of diseases by means of vaccination has always been one of the strongest arguments of its opponents, and even parents who entertain the fullest belief in the protection afforded by it against small-pox, not infrequently submit their infants to the operation with reluctance and apprehension. Such scruples merit careful consideration, for not only has the transmissibility of syphilis been proved by disastrous consequences, but where vaccination has been improperly performed, whether through ignorance or negligence, every description of blood-poisoning has been produced. We need only refer to the experience of the armies in the American War of Secession for abundant illustrations. It is clear that any disease the sole immediate or exciting cause of which consists of morbid fluids, septic matters or bacteria may be capable of being so communicated, provided the matters or bodies in

question are present in the vaccine vesicle, and the part in which they are introduced afford a suitable point for infection. In the case of erysipelas *et hoc genus omne* the danger is great and palpable, and no judicious vaccinator would take lymph from an arm in which there was any excessive redness or swelling. With regard to syphilis, while every part of the human body is susceptible to inoculation, it has been found that the disease was communicated with far greater facility by means of the cloudy or semipurulent lymph of the second week than by the clear transparent lymph of the fifth to the seventh days. In the experiments on the pure cultivation of vaccine conducted at the laboratory of the Imperial Board of Health at Berlin, it has been observed that whereas the lymph of the days preceding the seventh contains few or no organisms other than the specific micrococci, on and after the seventh day schizomycetes and cellular bodies of every kind make their appearance in daily increasing numbers, ultimately overpowering the former. Indeed,it is in the highest degree probable that if lymph for vaccination purposes were constantly taken on the sixth or seventh instead of the eighth day, the results would be at least as successful and the chances of undue inflammation greatly diminished.

The claims of the tubercle bacillus to be looked on as a pathogenic organism are now as firmly established as those of the *B. anthracis*; in the hands of Koch, Cheyne and others it has stood the crucial test, viz., that pure cultivations of the hundredth generation have invariably induced tuberculosis, first local and afterwards general, when inserted into the anterior chamber of the eye, a place where primary tubercle never makes its appearance, and in animals, as dogs, which are almost exempt from the natural disease. Whether these observations will lead to any changes in the treatment of phthisical patients, such as more or less isolation, and avoidance of possible infection of the healthy from breathing the same air or not, it is clear that we have to deal with a disease which is capable of transmission by inoculation, and the possibility of its communication by means of vaccination must be admitted as conceivable. The unity of tubercular and scrofulous disease,as shown by the presence of the tubercle bacillus in scrofulous glands when the lungs and other organs are free, adds greatly to the force of these considerations. Lothar Meyer about three years ago failed to find any tubercle bacilli in the lymph of eighteen revaccinated phthisical patients; but Wolff, having cast doubt on the trustworthiness of his observations, Dr. Joseph Acker, at the suggestion of Dr. Wolfberg, undertook a series of carefully conducted experiments on the lymph and the examination of the blood of a large number of tubercular patients.

Five patients in advanced stages of tubercular phthisis, and in whose sputa the bacilli were plentiful, were vaccinated with strict antiseptic precautions. Before the operation the parts were cleansed with soap and washed with alcohol, and afterwards protected by antiseptic coverings, which were removed only during the abstraction of lymph, this being effected by previously heated needles. Bearing in mind Koch's observations on the part played by the white blood cells as bearers of the bacilli, it was not thought necessary to take any lymph earlier than the seventh day, when these leucocytes first make their appearance. Samples were taken on most days from that to the thirteenth, when the vesicles dried up. In all, forty-eight preparations were made and stained with methyl blue, gentian violet, and latterly, with fuchsin. In no single instance could a bacillus be detected. Dr. Acker next made 214 preparations of blood taken from 87 patients in various stages of phthisis. He employed the slower methods of staining, keeping the preparations in the coloring fluid for 12 to 24 hours; but the search for the bacillus was fruitless, though in in all these persons the physical signs were well marked, and bacilli had been demonstrated in the sputa of a large number. Prior, of Berlin, and Gessler, of Munich, found the same negative results; but, on the other hand,

Wechselbaum, of Vienna, discovered bacilli in the blood in three cases of acute miliary tuberculosis examined by him. These facts are of great interest, for they are not opposed, but together lend support to Weigert's views as to the essential difference between the acute and chronic forms of tuberculosis. As Ponfick maintained, chronic tuberculosis is always originally a strictly localized affection; the tubercle bacilli are at first present in a limited region of the apex of one lung, in a single lymphatic gland or group of glands, in the articular end of a bone; and whether the disease remain thus circumscribed or extend further, or even undergo destructive and curative changes, depends on various anatomical and physiological circumstances, whereas the acute form originates, according to Weigert, in tubercular deposits in the walls of the veins (or of the thoracic duct, as observed by Ponfick), whence the bacilli speedily find their way in great numbers into the general circulation, and invade extensive regions simultaneously. As they occur in the sputa when the lungs are the seat of the disease, so they are found in the urine, saliva, or milk only when the several secretory glands are affected. Dr. Schmidt, at the request of Dr. Bollinger, performed some experiments with the purpose of ascertaining whether, even under the most favorable circumstances, it were possible to effect tubercular inoculation epidermically. The extreme susceptibility of guinea-pigs is well known. Into the skins of a number of animals and of rabbits, tubercular matter of various kinds, containing numerous bacilli, was carefully worked as in vaccination; but in all with negative results; while the control animals into whose peritoneal cavities or subcutaneous tissue the same matter was introduced were found, post-mortem, to have been in every case deeply infected. The transmissibility of tubercle by means of vaccination may therefore be dismissed as beyond the limits of the possible."

Dysentery of Children—Ergot.—Twenty-one cases of dysentery in children reported by Dr. G. L. Magruder, Va. Med. Monthly, were treated with fluid extract of ergot, five to twenty drops four or five times a day. Almost every case immediately responded to treatment, and was either entirely relieved or much improved.

Transplantation of Skin-Flaps without Pedicle.—At a recent meeting of the Academy of Medicine in Ireland, Mr. Swanzy read a paper on transplantation of skin-flaps without pedicle, for the cure of cicatricial ectropion. He reviewed the steps of the proceeding as usually practised, and gave particulars of six operations he had recently performed, four of them being successful, and two unsuccessful. The successful cases were exhibited. In addition to the points generally regarded as important, he drew attention to the following:

1. It was desirable that the wounded surface on the eyelid should be made as extensive as possible, by the dissection of the everted lid being carried to the fullest extent. It was not sufficient, as usually recommended, to carry the dissection only so far as to bring the free margin of the eyelid being operated on into contact with the free margin of its fellow; but the dissection of the lid from the surface underneath to which it was attached should be gone on with until, on reflection, the free margin reached up to beyond the eyebrow, if it were the lower lid, or as far as or below the infra-orbital margin, if it were the upper lid. The object of this was to provide for the inevitable shrinking which took place in the transplanted flap, so that the ultimate size of the eyelid might not be less, or much less, than normal. This point had not before been mentioned.

2. With regard to securing the flap in its new position by sutures, it would be much better if sutures could be avoided, as they caused suppuration at each point. The author had no experience of methods of securing the flap without sutures. If sutures were used, they should be of fine silk or of fine platinum-wire, and only so many as sufficed to keep the flap in its place. Catgut sutures

were not suitable, as they did not hold long enough to enable the flap to become adherent. A large number of sutures were unnecessary, and caused a line of suppuration around the margin of the flap; but platinum-wire seemed to cause little suppuration.

3. With regard to the dressing, carbolic acid should not be used in any form, being apt to irritate the delicate skin-flap, and increase the liability to peeling off the epidermis. He did not agree with Wolfe, that the so-called antisepticism "has no place in ophthalmic surgery." In this proceeding, the dressings should be antiseptic, but they should be also non-irritating. Boracic acid and sero-sublimate were among the suitable applications. Finally, he pointed out that where the epidermis had not peeled off the shrinking was slight in comparison with where it came away and where the rete Malpighii had to throw out a new cuticle.

Mr. Arthur Benson considered the communication of importance, not only to the ophthalmic surgeon, but to the general surgeon, since the transplantation of pieces of skin wholly removed from attachment, as carried out by Mr. Swanzy, with a fair average number of successes, was such an advance in plastic surgery, that it might be adopted for many purposes besides that of restoring eyelids. In the late Surgical Society, he had himself read a paper on the same subject, giving the results of eight cases of transplantation from the arms to the eyelids, without pedicle, and with a tolerably fair average of successes, though not so large as Mr. Swanzy had. He asked, as to the failures, whether the lid was made better by the operation, even though the flap sloughed. He also inquired the time of the return of sensation in the transplanted skin. The use of carbolic acid as a dressing he condemned, the effect being to irritate the wound, and he prefered vaseline.

Creeping Pneumonia.—Dr Dreschfeld of Manchester has made some further observations on this peculiar form of pneumonia, which he described in a former paper (British Medical Journal, 1884, vol. i, p. 906). The disease was characterized by the creeping character of the inflammation, which often commenced at the apex, and gradually passed downwards, first in one lung and then in the other. The initial rigor, the characteristic rusty sputum, and the sudden crisis,were, as a rule, absent; while cerebral disturbances and the complications (such as pericarditis and endocarditis) were more frequently found in this form of pneumonia than in the ordinary pneumonia. This form of pneumonia resembled very much epidemic or infectious pneumonia. Dr. Dreschfeld had recently observed that, in two instances, two members of the same family were attacked, one after the other with this form of pneumonia.

A Few Facts For Antivaccinationists. —The British Medical Journal adduces the subjoined memorable figures: While the deaths from small-pox, last year, throughout the entire German empire, averaged one or two a week, and never exceeded four, there died in Prague, a city of about 270,000 inhabitants, no fewer than eight hundred and twenty-eight persons between January and June, besides four hundred and nine in the last four months of 1883. Between October 1, 1883, and March 31, 1884, fifty-six cases, nearly all children under five years of age, were admitted into the Polyclinic Hospital ward, under Dr. Ganghofner. Of these, fifty-two were unvaccinated and four vaccinated, two of the latter, however, not until after infection. Of the fifty-two unvaccinated, 11 (21 per cent.) died; of the vaccinated, none. There is a strong local prejudice against vaccination, with which several medical men, we regret to say, sympathize. Buenos Ayres is a city of about the same size—namely 287, 000 inhabitants, and vaccination is unpopular and not compulsory. While the births in 1883 were close on on 11,000, the total number of vaccinations and revaccinations was 8-643. The deaths from all causes were 8,248, or 28 per 1,000; and those from small-pox 1-487, or 5 per 1,000 of the population, and 18 per cent, or nearly one in five, of the total

deaths. In Prussia, the mortality since 1875 has been from 0.34 to 3.62 per 100,000 yearly; in Austria, 5.57 to 50.83; in Berlin, in 1882, it was 0.43, and in Vienna, 108.29 per 100-000. Since 1875, not a single Prussian soldier has died of small-pox; in the Austrian army, 10 to 47 per 100,000 anuually; and in the French, 2 to 27 have died.

Diet in the Febrile State.—Dr. Allchin read a paper before the Medical Society of London, on the management of diet in fever. He first passed in review the income and expenditure of the body in the normal state, and commented on the method in which heat was produced, almost as it were a by-product, in health. Fever was a general morbid state, of which the most important and obvious characteristic was an elevation of temperature; the other forms under which energy is evolved in the body,muscular, glandular, and nervous,were all diminished in fever. The nitrogenous waste was greatly increased, and,as the total nitrogen of the food in the diet of the fever was below the normal standard, it followed that there was a waste of the proteids of the tissues; the water of the excreta was increased, as was also the potash. The main source of heat in health was the oxidation of some hydrocarbonaceous material which was in intimate relation with the proteid material of the tissues. The fact that the excessive excretion of urea commenced before the elevation of temperature, showed that they were not in direct dependence. The arrest of the salivary secretion, and of the function of the gastric juice, allowed various decompositions in the food, which all belonged to the septic class, and gave rise to noxious products; to these products, the gastritis common in fever might probably be attributed. Physiological considerations, such as those sketched above, led him to question whether the assumption that fats and carbohydrates ought to be diminished in the diet of fever, in favor of the nitrogenous food, was sound. He was inclined to agree with the opinion of Dr. Parkes that a considerable diminution in the customary quantiy of nitrogenous food, and an increase in the quantity of fats, was advisable; he had advocated the use of cod-liver oil and butter where they could be borne, and an increase in quantity of amyloid food. The partially digested proteid and amyloid food now available afforded facilities not at the disposal of physicians half a century ago.

Case of Recent Fracture of the Patella treated by Wire Suture.—In November, 1883, Sir Joseph Lister recorded in the British Medical Journal a series of cases of this accident treated most successfully by suturing the fragments with silver wire. Reference to the method has repeatedly been made in the Review.

In a report of such an operation by Joseph Hinton (British Medical Journal, March 7, 1885) the practical point is made that, in some of the cases similarly treated a transverse incision was made. This is not advisable; the scar, being transverse, is in the bend of the joint, and, therefore, likely to be injured in use; there is ample room for all the manipulation in the longitudinal incision.

It is a matter of very slight moment, which fragment is pierced first, if they be nearly equal in size; but when there is great disparity in the size it seems a rule absolute that the smaller portion, whether upper or lower, should be the fragment on which the operation should be first performed. By such action we are enabled to select the strongest point for the insertion of the bradawl or drill, and thus make the puncture in the larger portion, where it is less necessary to select the strongest point, adapt itself to the smaller.

When the two portions were threaded Hinton seized each end of the wire with pliers; and pulling this straight, allowed the wire to move freely backwards and forwards; thus there was no twist of the wire. The pliers, too, gave a much firmer hold in twisting, so that the two fragments were well home, and in close apposition before the twist. One and a half turns were made.

Dry Cupping in the Treatment of Carbuncle.—Dr. E. J. Thorn writes as follows to the Medical Record:

"Upon the appearance of one or more of the small ulcers at the apex of the tumor, apply the cup after inserting a lighted taper moistened in turpentine. In a moment this will open the cells, and there will exude into the cup a teaspoonful, more or less, of sanious pus. Follow this operation with poultices to keep up the discharge, and in a few days the carbuncle will disappear. In this way we avoid from three to six weeks of suffering, and the constitutional results of the usual protracted illness."

The Treatment of Acute Laryngitis.—Dr. John M. Keating tells us in the Archives of Pediatrics, that he has frequently found the following treatment very efficacious:

"In conjunction with a hot foot-bath, the temperature of the water as hot as the hand can bear with comfort, and the feet afterwards wrapt in flannel or Canton-flannel night-drawers with the feet of extra length and sewed up at the extremities, he prescribes the following in a half tumblerful of water: ℞. Tinct. aconit. rad. gtt. iij.; spts. ætheris nit. dulc., ʒj.; syr. scillæ co., ℥j. This is given in frequently-repeated dessert-spoonful doses throughout the night. A soft handkerchief wrung with ice-cold water and surrounded by a silk one or a piece of flannel is applied.

If the cough continues, and becomes bronchial, it is well to produce a certain amount of counter-irritation of the chest. Ordinary camphorated oil is about the best. In addition to the ipecac, we should recommend small doses of castor oil, the object being to relieve the congestion of the bronchial mucous membrane by acting on the intestinal mucous membrane."

—O struction from Gall Stones.—At a recent discussion in the New York Surgical Society several speakers spoke highl of the efficacy of phosphate of sodium in cases fobstruction from gall stones. It shou ven in drachm doses thrice daily for months necessary.

CONTRIBUTIONS.

*SPASMODIC TABES DORSALIS.**

BY JOHN M. KEATING, M. D.

Read before the Philadelphia County Medical Society, January 28, 1885.

An interesting article appears in the Revue Mensuelle des Maladies de l'Enfance, December, 1884, by Dr. d'Heilly, on "Spasmodic Tabes Dorsalis," relating three cases, from which we gather the following valuable points, by literal translation:—

About 1875, Prof. Charcot separated from the group of chronic myelitis an affection described as spasmodic tabes dorsalis, which was about the same time written upon by Erb, under the name of spastic paralysis. It is a chronic affection characterized by slow and gradual progression, without doubt, of spinal origin, with a paresis of the lower extremities, muscular contraction, and with spasmodic tremors, either occurring when the limbs are touched or movements attempted, or else spontaneously. There is also increased tendon reflex.

It is most frequent in adults, but Erb, Seeligmuller (Progrès Médical, 1876), d'Espine and Picot, have recorded a number of cases in children. In these cases, motion alone is affected; sensibility remains throughout normal. The disease may begin early; at eight months in one case of the three reported, at two and one-half years in another. Ordinarily it is first found out by the mother, who finds difficulty in flexing the knees, or in separating the legs. In well-marked cases, the legs are stiffened, as the child lies in bed, from time to time, especially the feet, which are also turned in (equino varus); there is contraction of the abductors and extensors of the thighs. At times, the rigidity becomes marked, often the knees are held in slight flexion, and it requires some force to move them. On exciting this the limbs are thrown into a tremor, which may be limited to the feet, or may extend to the muscles of the trunk—in fact, to the whole body. If the child be placed upon its feet, by grasping it by the body or arms, the thighs, which are flexed upon the pelvis more or less, will be adducted, the knees touching, the feet will assume a position of forced extension. In attempting to walk, the feet will drag along the ground, stumble over the least obstacle,

*I would suggest a better name in "Symptomatic Spastic Contraction of Infancy."

and constantly interfere with one another. None of the children reported could walk absolutely alone; one could walk a few steps, when supported by an object upon which it rested the weight of the body by the arms; the gait was shuffling. The epileptiform tremor of the muscles is at first provoked by standing, and this greatly hinders the walking. In three cases reported, the upper extremities were not involved. This is not absolutely the rule in all cases, but when the arms are involved this follows the trouble in the lower limbs, usually at a long interval. In such cases, there is a paresis of the muscles, without involuntary flexion of the fingers at first, which is intermittent in character. and then permanent. The wrist becomes rigid in extension and pronation, so also the elbow, and the arm is hugged to the thorax.

With rigidity comes exaggerated tendon reflex, which, according to Charcot, precedes contraction, and which persists throughout its course, and succeeds it. It is usually very marked in the knees, less so in the feet, and in children is less so than in adults. The symptoms remain confined to the motor tract throughout the disease; the usual symptoms, due to disturbance of sensation, which accompany the different forms of myelitis are absent. There is no rachialgia, no feeling of constriction, no pain; neither are there sensations of cold, nor formications, nor fugitive pains, which, if they existed, would soon be made known by children.

Cutaneous and deep sensibility are normal; there is neither hyperesthesia nor anesthesia. In one of the cases observed, there was some well-marked anesthesia of the lower extremities, but the case was a doubtful one. Sometimes, according to Westphal and Berger, interstitial myelitis may extend itself, involving the posterior tract, and then the symptoms of ataxia complicate the spasmodic contraction. The functions of the sphincters are normal; there is neither retention of urine nor incontinence, which is remarkable for children with disease of the cord.

The muscles of the thigh are not atrophied and electro contractility is normal. In one of the cases reported, nutrition was excellent; in the other two, it was somewhat below par, but this was accounted for by the prolonged enforced rest in bed. The duration of the disease is not limited; complete cure is rare. The symptoms persist indefinitely, despite treatment, without much improvement; if they do become aggravated, the disease is even of itself directly fatal. In children the zymotic diseases, or most frequently tubercular disease, makes a fatal termination. It is to be regarded as an infirmity rather than a disease, as it will not prevent of itself the patient reaching adult life. We have only written of the affection in its bearing upon children. In adults it is most common, at the age between thirty and fifty, and slightly more frequent in males than in females. The cause is unknown; possibly prolonged exposure to damp cold is the most frequent. In children, possibly blows, a fall, or exposure. There is a congenital form, which possibly results from an arrest of, or from irregular development in the motor tract, or is traumatic from instrumental or difficult labor. Little records a case such as this, and attributes it to spinal congestion, due to asphyxia. Possibly inheritance has its influence. In the case narrated below, the other twin was born with arrested cranial development, and lived but a few moments.

The following case serves as an example:—

Louis, aged five years, entered the hospital (Trousseau) August 30, 1883. The child is a twin, its brother survived but a few moments. The father and mother are in good health, they are not affected with syphilis nor alcoholism. The mother has never miscarried. The child has never walked alone, but since three years old he could stand alone with the aid of a fixed support and could take a few steps in that way. He began to talk at the age of eighteen months. The disease dates from his eighth month, at which time the mother noticed that she had difficulty in separating the legs of the child; they were straightened and stiffened at times, then became relaxed, and the conditions would again recur, either spontaneously or upon the slightest contact. The arms were in every way normal. About a month after tremor was noticed when the child was lifted by the arms and held upright on the table. In the following months the contractions increased, and if forcibly overcome would return by themselves at once. Cold douches and faradization brought about some improvement, the permanent crossing of the limbs disappeared and the intervals existing between the spasmodic contraction of the muscles lengthened.

The condition of the patient at present is as follows: The muscles of the lower extremities are in a state of contraction, the feet extended in equino varus and cannot be overcome without considerable force. There is no notable muscular atrophy. When the child is held upright the contraction increases, the inferior extremities are adducted, the feet in equino varus resting in their metatarsal phalanges. The legs cross and the foot in advance tends to place itself directly

in front of the one supporting the body. The little patient can only take a few steps by supporting himself on his arms. At times the contraction subsides entirely and the limbs become flaccid, but if the limbs are touched, however lightly, or he makes the attempt at movement, the contraction returns. Patellar and plantar reflexes are exaggerated. Faradic contractility is normal. When supported erect the two limbs take upon themselves epileptiform movements which can be equally well provoked by seizing roughly the foot in advance. This tremor is more pronounced in the right limb. There has been no pain either spontaneous or upon pressure. Sensation is normal. The intelligence is somewhat undeveloped. The expression is heavy. Speech normal. The cranium shows faulty development, it is not symmetrical; posteriorly it is flattened. The frontal fossæ, especially the left one, very prominent. The right occipito-parietal region comes out in bold relief, and the left is correspondingly depressed.

The following typical case, reported by Dr. C. K. Mills, in New York Med. Record, September 6, 1879, presented in detail the marked features of the disease, and as I have the patient under my care and have been able to study his condition in contrast to what it was in 1879, I can dwell more at length upon the prognosis.

B. D. æt., 4. Nothing known of the previous history. He has a fair-sized head, but it is flattened a little more than usual from the vertex forward. The fontanelles are closed, but the lines of the sutures are projecting and rough. Both pupils are dilated, and according to the nurse they are always in that state. He has left internal strabismus. He has no facial paralysis, he can protrude the tongue without difficulty and he talks pretty well. He seems to have fair intelligence, but he cries upon the least provocation. His back seems weak and tends to project backwards as he sits in the chair. He has no spinal curvature. He has good use of his arms, but they show a tendency to flex at the elbows. They frequently get into a semi-flexed position when he is quiet, and sometimes resist extension slightly, but they are not rigid and he can straighten them himself without special effort. He is unable to stand alone, and if attempts to force him are made he becomes mnch alarmed. If not held he falls at once to the floor. Supported by the hand or from behind, he stands in a peculiar position. The legs from the knees upward are slightly drawn together, below the knees they are a little apart. His heels are kept slightly elevated. The thighs are bent on the pelvis at an angle of about 120°, and legs about the same inclination as the thighs. The feet turn slightly inward. The flexors and adductors of the thighs and muscles of the calves feel hard and are in a condition of tonic spasm. He walks in a curious fashion, keeping hold of the hand of the nurse. His legs remain semi-flexed at the knees. He steps on the front part of his feet and toes, the heels never touching the floor. The thigh and leg muscles are fully developed, particularly the flexor group. Electro-contractility is generally well retained. Sensibility is good. The limbs are not cold nor changed in color. The joints are free from adhesions. The prepuce is not adherent and can easily be retracted. When sitting or lying down, his legs can be straightened by the exercise of some force, but they immediately tend to return to their state of abnormal flexion and adduction. Slightly tapping each patella tendon, the corresponding foot and leg are projected quickly and somewhat forcibly forward. I can produce the same phenomenon by tapping upon the lower part of the tibia. Abruptly forcing the foot into flexion and smartly striking the tendo achillis no tremor or oscillation is set up, but the spasm of the flexors and adductors is increased.

Dr. Mills concludes that the disease is one of the motor disorders of the cord of the lateral or antero-lateral columns, but should not be confounded with primary lateral sclerosis, also congenital.

Sam'l Gee (Bilroth Hospital Reports, vol. 13, 1877), writes of spastic paraplegia, and considers the disease as congenital or beginning in infancy. Dr. S. W. Mitchell is quoted by Dr. Mills as having spoken of cases of children with rigidity of the legs from defective cerebral development and also of cases of spasms of the adductors of the thighs, in which he has had circumcision performed without benefit. Dr. Mills, in this lecture, quotes a case which he saw with Dr. Roland G. Curtin, of this city, where all the symptoms above recorded followed an attack of rheumatism complicated with endocarditis in a girl of 13. She had in addition severe pains or aching in the joints or limbs. Under nitrate of silver she rapidly improved, and in two weeks was well.

In the continuation of his interesting article, Dr. d'Heilly (Revue des Maladies de l' Enfance, January, 1885) discusses the question as to the cause and seat of this interesting symptom, quoting the researches of Richter and Berger in Germany as showing its de-

pendence in many cases upon a primary sclerosis of the lateral columns. But, again, distinct cerebral symptoms, such as convulsions in infancy, have initiated the attack and the spastic paraplegia following, being in such cases a secondary phenomenon—and in connection with this, quotes Ross (Spas. paral. of infancy, Brain, October, 1882) as asserting, that although there may be a localized spinal lesion primary, the most usual condition is one of arrest of cerebral development, associated with a bilateral hemiplegia from congenital absence of certain centres; but should this latter explanation be correct, less marked cerebral symptoms should exist, than are presented by the cases—almost all the affections of the cord resulting from pressure, or from sclerosis, present more or less certain features which show an involvement of the lateral columns, in most of them there is pain or anesthesia, vesical paralysis or paresis, musculiar atrophy or incoordination of movement and the tendency of most of them is to extension.

The ataxia of Friedreich presents many symptoms in accord with this disease. Sensation is normal. The bladder is unaffected, and there is no muscular atrophy. There is muscular incoordinaton and gradual involvement of the arms, and finally the speech is affected. Frequent errors are made in diagnosis in such cases. Even Charcot is reported by d'Heilly as recording a case of supposed spastic paralysis in which the existence of cerebro-spinal sclerosis "en plaques" was found postmortem.

As d'Heilly distinctly emphasizes the fact that "spasmodic tabes dorsalis" never presents any cerebral symptoms, those cases which are recognized as distinctly hemiplegic in character should be eliminated (see excellent paper by Dr. Sarah J. McNutt, Archives of Pediatrics, January, 1885) and also double infantile spastic hemiplegia (same author, Am. Jour. Med. Science, January, 1885). In the latter affection, which more than any other may possibly be confounded with the one in question, Dr. McNutt's exceedingly valuable paper gives us as symptoms "more or less complete hemiplegic motor inability with contraction and defective development of both bones andmuscles," "with or without aphasia, monosyllabic utterances, dysphagia, dyspnea and idiocy, the latter being especially characteristic of the double affection."

We have endeavored to epitomize this interesting communication, because we believe these cases to be overlooked in this country or misunderstood. The diagnosis is readily made in marked cases, especially in adults; doubtless some will read this article and remember cases of their own which had puzzled them. Certainly in the cases referred to by Dr. d'Heilly, there was a lesion of a more or less persistent character, but are there not functional derangements, prototypes of the more serious disease, whether disturbances in nutrition or in circulation, which can be influenced by treatment? Can we not have one form depending upon imperfect development of cerebral centres, and another, possibly a difference in degree only, affecting in the same way those of the cord? Cases of functional paraparesis in infancy, with spasmodic adduction, are certainly noted by all who see much of children's practice, and in such cases the muscular wasting, when it does occur, is secondary, owing to want of use[1]. In our own experience these congenital cases seem to be due to imperfect development, as the intellect shares this condition, though to such a slight extent as only to be noticeable by comparison; the child is said to be backward.

Functional contractions are not infrequent after acute diseases in infancy. A child of my own at the age of twenty months had spasmodic closure of the fingers and great rigidity of the wrists, immediately following a mild attack of Roetheln, which lasted several days (3 or 4). There was no pain apparently, and none of the other muscles were affected. When playing, she lifted her toys with the back of her wrists. Nutrition was perfect, the functions normal. In this case relaxation would come on at times, but the slightest touch or effort ou her own part would bring about violent contractions. There was relaxation during sleep. I noted this same condition following measles, in an infant, which involved the musles of both arms and legs, the extensors of the legs and the flexors of the arms, with contraction of of the toes and fingers. There was pneumonia in this case, and the temperature ran high. The little patient gradually improved, in fact in both these cases the improvement was very gradual. Large doses of bromide of potassium, hot baths and friction, with tonics, were used in the first case, and in the latter quinine and poultices in addition. Possibly these cases may be called hysterical. The lesion is evidently an irritative one, but exactly why it should be limited to certain cord centres and be painless, is an interesting problem.

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1. This I believe should not be confounded with the so-called Idiopathic contracture of infancy, which is the result of irritation and is painful and acute in character.

But in such cases as reported by Dr. d'Heilly, when changes have probably taken place of a definite character, and especially if they occur in children but a few months old, our only chance for treatment points to alteratives, tonics and encouraging nutrition.

Like all other symptoms, contraction may represent in infancy and childhood as well as in adults, simple irritation,hysterical possibly, and every grade to advanced disease. I think chorea may be classed in this category also.

As for the treatment of well-marked cases of spasmodic contraction, there seems but little hope of doing good. The disease, whatever its lesion may be, is limited, is never fatal, and after reaching a stage about as advanced as the boy B. D. quoted from Dr. Mills' report, somewhat improves. This boy can now take a few steps by himself before the muscular spasm upsets him; he is in excellent health, well nourished, muscles firm, and never complains. But in this case the lesion certainly seems to be a bilateral central one. If we are able to recognize the features of the disease of the spinal types in its incipiency, I believe much could be accomplished, and it is for this reason that I bring this matter before you this evening.

All causes of irritation should be removed. If they are males, possible prepucial adhesions are present, they should be broken up or circumcision performed. In my opinion the latter is a most important operation, not so much from the relief to the phimosis, which could be, in many cases, equally well accomplished by stretching (Willard), but owing to the direct results upon the nutrition of the spinal centres, which section of the peripheral terminations of the nerves in the prepuce may bring about, acting as does the actual cautery or blisters in other neuroses. In females I would give warm baths, alternating with cold sponging, especially to the spine, and full doses of bromide of potassium. In incipient cases, the bromides are of great importance, with stimulating frictions to the spine, using either mustard poultices, or liniments of oil of amber or croton oil, or possibly dry-cupping. Fresh air and proper diet are, of course, understood; in the latter, milk should always form the principal part, and eggs also, in preference to animal broths. As regards medication, I would insist upon an emulsion of cod-liver oil, either with liq. acid. phos. comp. (Pepper), or lactophosphate of lime. Arsenic is certainly of great value in these cases. As to quinia and strychnia, I feel doubtful as to their use, even in very small so-called tonic doses; for although the condition is possibly an evidence of anemia, as are chorea and some mild forms of epilepsy, I would prefer to rely on food, iron, arsenic and fresh air.

In more pronounced cases, when we have decided evidences of "spasmodic tabes dorsalis," and treatment has been of little avail, we might use the bichloride of mercury, in small and frequent doses, $\frac{1}{150}$ of a grain, three times daily; or if we suspect sclerosis, the chloride of gold and sodium. But I think that the best results are obtained with the nitrate of silver; in it I would place most reliance. Erb is reported as having cured a case with the current. Charcot failed with electricity, hydropathy and cauterization.

CLINICAL LECTURES.

ACUTE ARTICULAR RHEUMATISM, ETC.

BY W. H. DRAPER, M. D.

Clinical Prof. of Practice of Medicine, at College of Physicians and Surgeons, New York.

[Delivered at the New York Hospital].

History.—Female æt. 15. Native of Ireland. Arrived in this country ten days ago. Was attacked with rheumatism on December 2. for the first time. No specific or alcoholic history. One of her sisters had previously suffered from rheumatism. Admitted to hospital December 8, with severe pain, swelling, redness and tenderness in the ankles and wrist joint.

On admission pulse 90, respiration 16, temperature 102.2°. Urine 1026. No albumen or casts. Patient is well nourished. No general edema. Apex beats in fifth intercostal space inside the nipple line. A distinct systolic murmur is heard over the mitral valve. Lungs are normal. Liver flatness 4″ from mammary line.

This, gentlemen, is a history of acute inflamatory rheumatism with fever occurring in a girl 17 years old. The first point in the history to which I would invite your attention is the history of heredity. She knows nothing of the disease in her parents, but one of her sisters has had an attack of rheumatism. This of course is sufficient to show a tendency in her family to this malady. I may say in this connection that you will almost always find in the family history of patients subject to inflammatory rheumatism something to justify the opinion that it is a family inheritance. In some families where

parents either one or both have suffered from gout you will find that the children are liable to suffer from acute inflammatory rheumatism.

The next point to which I would call your attention is the exciting cause in this case. There appears to be nothing very striking here. Generally where the disease occurs in young persons, you get a history of exposure to wet and cold, the very same conditions that might provoke a pleuritis, bronchitis or pneumonia, and which in those who are susceptible in this particular direction, will provoke an arthritis. In adults you frequently find something more than a simple exposure to wet and cold to account for these attacks. You find them for example occurring in persons given to excessive indulgence in malt liquors or in the use of wines, and also in persons who are exhausted in consequence of a debauch or from overwork. Sometimes we can trace a very distinct traumatic element in the etiology where for example you find this disease occurring in laborers or in persons who have been exposed to more than usual fatigue in the use of their joints.

This patient does not seem to have been very acutely attacked. She had no fever or chill, but she developed pain first in the shoulder and then in the knees and ankles. Sometime, the attack is very sudden, as in pneumonia, bronchitis or pleurisy, and sometimes more gradual. Since this girl has been here her temperature has at no time risen to the height at which it which it was when she came in. For as soon as she was put to bed with her joints protected her suffering subsided. You observe that as soon as she came in here special note was made of the condition of her heart. This is a disease in which we always fear cardiac complication, and I may say in passing that you should never omit a careful examination of the chest in every case of rheumatic fever that comes under your care, for the occurrence of this complication is sometimes insidious. When this girl came into the hospital she had a systolic murmur heard over the orifice of the mitral valve and transmitted to the apex. It was a murmur of no great intensity, and unaccompanied by any enlargement, precardial complication or irregularity in the heart's action—in fact by any sign of endocardial disease. Now under these circumstances it is not fair to say that there is an endo-carditis. There was a time when a murmur was considered sufficient evidence of this complication, and one of the most famous physicians of France in the early part of this century was in the habit whenever he found a murmur in rheumatic fever of bleeding his patients.

He also bled them when he did not find a murmur for the disease. The consequence was that in his statistics the proportion of cases of cardiac complication was larger than it has been found to be in the practice of any other great physician. Clinical observers since Trousseau's time have been inclined to ascribe the large proportion of endocardial complications in these cases of rheumatism to the fact that he laid the murmurs of most of his cases by producing an extreme anemia. For we know now that not only will the anemia produce a functional murmur through some interference with the mechanism of the circulation, frequently in the course of inflammatory disease we temporarily get a soft blowing murmur heard at the mitral valve and more often at the base of the heart. The same murmur is frequently observed during convalescence. It is functional and disappears as soon as the health and vigor of the patient improve.

Treatment.—This young woman was put upon salicylate treatment as soon as she came into the hospital, receiving ten grains of salicylic acid every two hours. To her, as in a large majority of patients to whom this treatment is administered, the relief came in twenty-four hours. The tenderness, pain and fever subsided and the patient may be said to be convalescent. Sometimes this result does not take place till two or three days. But there is no treatment so uniformly successful as that of salicylic acid.

There is another fact in connection with this treatment which is interesting in the analogy which seems to exist between acute inflammatory rheumatism and gout. There is perhaps no remedy which has attained such celebrity in the treatment of gout as salicylic acid or its combination. This would seem to justify the idea that these diseases had a similar origin; that they are developed out of the same material cause and that the salicylic acid operates in both cases by neutralizing the poison upon which the continuance of the disease depends.

Lobar Pneumonia.

History.—Bridget B., æt. 50, native of Ireland, servant, admitted Dec. 6, has borne seven children. Youngest is twenty years. Never had rheumatism or malarial fever or any severe illness. Employed as cook; was in the habit of getting up early on cold mornings to light fires, etc. Would often go about the kitchen unclad and barefooted. Took a severe cold four days before admission. She has vomited a great

deal since then. Has had headache, vertigo and great prostration. Patient has not been able to retain any nourishment since illness. Has great deal of pain across the back, especially between the shoulders. No chill or diarrhea. No cough except the first day or two. Patient does not drink beer or spirits but is in the habit of taking large quantities of tea. Has never been short of breath during present illness. On admission pulse 120; respiration 44; temperature 103.8°.

Patient is somewhat poorly nourished. No edema. The skin over the body is dry and flabby. There is marked atrophy of the subcutaneous tissue. Liver flatness extends from the fifth rib to 2″ below the costal cartilages. There is slight pain on pressure in the umbilical region. Abdomen slightly tympanitic. Perspiration feeble. There is tubular breathing over the right lung posteriorly over the spine of scapula to one inch below the angle. Comparative dullness on percussion. Vocal fremitus is absent. There are no rales.

Gentlemen: You must be struck with the absence of any acute signs of pneumonia in this case. The patient made no complaint of pain in the chest. She had no cough, no expectoration, nothing but high fever and the prostration which accompanies it. Without a careful physical examination you would have overlooked the cause of the fever. You might have taken it for something else, but an examination of the chest reveals a lesion located at the upper part of the right lung. With this lesion she had a temperature of nearly 104° when she came into the hospital and a corresponding pulse and respiration. There was extreme feebleness of the systole of the heart and every evidence of great prostration. She received eighteen ounces of whisky during the past twenty-four hours, and the next day in addition to the whisky carbonate of ammonia and digitalis. Every effort was made to keep up the action of the heart and to tide her over until the time when there would be a natural subsidence of the disease. On the night of the seventh day there was a decided fall. On the morning of the eighth day her temperature was 101°. The fall continued during the eighth day and on the morning of the ninth day, her temperature was subnormal.

Now there is no question in my mind but what the energetic treatment given to this woman during the acute period of her disease saved her life. In a young subject I have no doubt that pneumonia will go through its course even with a pretty high temperature safely without much medication; but when you get the evidence of prostration manifested by a feeble pulse, by an absence of voice sounds and great nervous depression, then you must not hesitate for a moment to stimulate your patient vigorously up to the time when you may expect defervescence. Then again after defervescence has arrived you must not always be too eager to stop subordinate treatment. This patient is now taking eight ounces of whisky a day and is not at all affected by it. She is still taking carbonate of ammonia and digitalis at night. This is a point you must bear in mind in distributing your stimulants viz., that you must give more at night than during the day. In estimating the vitality of patients by certain signs you will find that the lowest vitality occurs during the twelve hours from 12 P. M. to 12 M. or more strictly between 6 P. M. and 6 A. M. the lowest degree occurring from 3-4 A. M. It is in consequence of this condition that you find the great reflex disturbances occurring in the early morning. Asthma occurs more frequently at this hour than any other. If we ask for a physiological proof of the greater reflex excitability, we surely find it in the larger proportions of births during the earlier part of the day than during the later hours. Furthermore this is the period dnring which the larger number of deaths occur so that it is important for you to remember when you are stimulating a patient completely in acute diseases, that there is more need for stimulants during the latter and early part of the day than during midday, and especial watchfulness is needed at three or four in the morning.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, March 21, 1885. The President, Dr. Atwood, in the chair.

Iritis and Cholera Morbus.

Dr. Williams related a case of a young man with most violent syphilitic iritis. There was no doubt as to its syphilitic origin. The inflammation of the iris persisted and the ordinary remedies appeared to do no good. He suffered so much that he could not sleep and opium or morphia made him sick. Cocaine locally relieved but for a short time. The patient was treated internally for his syphilis

and besides this, mercuriali nunctions were ordered and belladonna applied locally. He, however, continued to suffer. During the course of the treatment he was seized with a violent attack of cholera morbus and was purged severely for twenty-four hours. The next morning the redness of the eye had half disappeared and the pain subsided from that time on. Dr. W. reminded the members that, at a previous meeting, he had reported a case of iritis in which an attack of cholera morbus produced a similar effect. He said that in the next similar case he would endeavor to bring about artificially an attack of cholera morbus.

Dr. Wesseler stated that the late Dr. Hammer always ordered large doses of sulphate of magnesia for patients having "sore" eyes in the military hospital, during the war.

Dr. Williams said that only a violent and continued purgative would act and would only be indicated in deep-seated inflammation.

Dr. Ohmann-Dumesnil inquired as to whether the cases reported were plastic or serous iritis?

Dr. Williams answered that they were both plastic.

Dr. Lee stated that the late authors on physiology claim that the iris is not alone muscular but composed of erectile tissue.And iritis is due to overstimulation of the vaso-motor nerves that supply the vessels of the iris. Now where there is strong purging and consequent depletion there is defibrination of the blood and its nutritive powers are impaired. After such a depletion we have a prostration or depression of the nervous system reaching even the vaso-motors of the iris. There is a mild form of paralysis which permits the muscular coats of the vessels to exercise their inherent contractility; the blood is forced out, the erectile tissue of the iris draws back and we have a dilated pupil. The same result might be reached in an easier way, by using some of those remedies which we know depress the vaso-motor system.

Dr. Meisenbach asked Dr. Williams how long antisyphilitic treatment had been pursued?

Dr. Williams said about 2½ weeks. The patient had had leeches applied to the temples also. He thought that the theory, that the iris is composed of erectile tissue, is not tenable. The pupil does not dilate by purgation; nor contract except when stimulated by light or in opium poisoning. As far as the case mentioned was concerned the pupil was dilated to its fullest extent from the beginning of treatment and still the pain and inflammation persisted in spite of vigorous internal treatment. The spots on the skin rapidly disappeared. Of course the explanation of the action of the cholera morbus was simply that of depletion.

Dr. Ohmann-Dumesnil thought that the most interesting point in connection with the case was the persistence of the iritis in spite of vigorous internal and local treatment. As a rule,such cases yield readily and promptly. In a number of cases of syphilis which he was fortunate enough to treat from their inception, this troublesome symptom never made its appearance. In respect to syphilitic iritis especially, he was inclined to take exceptions to Dr. Lee's statement that it depended upon the increased vascularity of the iris regarded as erectile tissue. The inflammation was caused by the irritation produced by the deposit of cells, which is one of the characteristics of the syphilitic process.

Dr. Meisenbach thought that a great deal of the credit claimed for the cholera morbus was in reality due to the specific treatment.

Dr. Williams said that he simply stated facts and did not wish to draw any conclusions. Of course the persistent use of mercurials had their effect as shown by the skin. The internal treatment was carried on until the gums were slightly affected.

Dr. Hurt thought that the diarrhea had an action which was revulsive or counter irritant and mentioned a case in which a blister applied to the back of the neck had a good effect, although but temporary, on a case of iritis with conjunctivitis.

Ear Troubles and Brain Disturbance.

Dr. Meisenbach detailed a case he had encountered in his practice. A man with face swollen, puffed and red,extending to the scalp, was delirious. It looked like erysipelas; but, on careful inquiry he found that the man had had pain in the head and vertigo. The lobe of the right ear was excoriated. He also learned that four or five days after the vertigo the ear began running. The ear was examined, a discharge found and also rupture of the drumhead. The other ear was examined, the membrane,extremely congested at its rim, was cut and a great quantity of pus evacuated. Irrigation was ordered and ergot and potassium bromide internally. The delirium subsided in a few days and the hearing gradually improved. The erysipelas was produced by the irritation of the pus and exposure to the air. Not long since, Dr. M. met a similar case in a child, aged 6. He thought that in all obscure cases of pain about the head, the ears should be examined. Dr. Greiner, of this city, had recently spoken

of opening the mastoid cells, in continued suppuration of the middle ear, with success. If this is done with ordinary precaution no harm will result and much good may follow. The operation is not a difficult one.

Dr. Williams stated that vertigo is no uncommon thing in connection with affections of the middle ear and Eustachian tube. Serious brain symptoms may be only due to an obstruction of the drum. Some years ago, in Cincinnati, a child was treated for inflammation of the brain and a number of prominent physicians gave up all hope of saving its life. It was comatose and unconscious several days and suddenly a discharge appeared from the ears and the brain trouble ceased promptly. Some years ago, in Germany, a man fell down and his head struck a curb-stone. He was comatose when picked up and he was treated for some brain trouble without benefit. Something occurred which drew attention to his ears and in one of them was found a plug of wax pressing on the membrana tympani.On removal all the brain symptoms disappeared. It is a common thing to find brain symptoms in connection with trivial ear affections. Of course, all these abscesses of the drum should be opened as soon as possible; then treat them as you do otorrhea and they get well easily and rapidly. Perforating the mastoid cells is unnecessary; it is improper to do so on a mere supposition. If it is absolutely determined that there is pus there, it ought to be done.

Dr. Meisenbach did not think that these cases of chronic suppurative otitis media get well as easily as Dr. Williams supposes. He cited, in support, a case in which a strumous child with chronic otitis was found comatose. Shaving the head and applying blistering collodion relieved the symptoms. The discharge returned and continued. As to cutting down on the mastoid cells, it can do no harm if no pus is found and it is better to err on the right side.

Dr. Williams said that, in the few persistent otorrheas that are difficult to relieve, the bones in the drum cavity are denuded and even come away. Where the bone is involved the prognosis is unfavorable, as exfoliation must take place before it can be stopped. These cases are rare, fortunately.

Cocaine.

Dr. Lee stated that he recently had used cocaine as an anesthetic in an operation for phymosis. He injected a half grain in the cellular tissue of the dorsum penis, midway between the prepuce and corona, throwing it forward and back. A pledget of cotton, saturated with a four per cent solution, was placed under the prepuce. In ten or fifteen minutes the operation was performed with little or no pain.

Dr. Ohmann-Dumesnil some time since noticed in the Cincinnati Lancet and Clinic the report of a series of cases of a similar character in which the results were as good and the hypodermic injection had been dispensed with. The mere introduction of a solution of the agent between the prepuce and glans produced the required local anesthesia.

Dr. Love thought the chief usefulness of cocaine would be reduced to superficial operations of mucous membranes, where it can be readily absorbed. Not long since he had an attack of conjunctivitis which he thought might be of septic origin. It was violent, the pain grave and the discharge profuse. A few drops of a four per cent solution were instilled and, in a few moments, he felt better. In ten minutes a few more drops were put in and the next day the eye was all right. He also spoke of its influence in allaying spasm of the urethra and permitting the easy introduction of sounds. He asked whether it might not be a good remedy for gonorrhea or other inflammations of the urethral mucous membrane.

Dr. Williams stated that he had not used it for conjunctivitis except to relieve the pain. It does not cure inflammation except as it relieves irritation, allowing the trouble to pass off spontaneously.

Dr. Love asked if he did not think that it had the effect of diminishing the calibre of the capillaries and thus relieve the engorgment and diminish the inflammation?

Dr. Williams had noticed no such effect. He had used it in a number of inflammatory affections, but it is antiphlogistic merely in being an anodyne like opium and other drugs of that class.

CORRESPONDENCE.

LOW TEMPERATURE AND PULSE IN TYPHOID FEVER.

Bowling Green, Mo.

Editors Review: Was called Sunday morning, July 6, 1884, to see a young man æt. 17 years, son of a farmer. The patient was rather tall for his age, slender, and of light complexion. His illness began on the previous Tuesday with the usual precursory symptoms of typhoid fever—headache, pain in back, drowsiness, etc.

When first seen the mouth temperature was 104 degrees F.; pulse 80 per minute. Antipyretic

doses of quinine were followed by a decline in temperature to 102½ degrees; pulse 70.

The disease ran an even and not severe course; the temperature averaging perhaps 101 degrees and pulse 70; bowels constipated and tender, tongue coated, drowsiness prominent; appetite lost and considerable emaciation, until the 24th.

Upon the morning of that day, however, the patient showed symptoms of prostration and the temperature carefully taken in the mouth by a reliable thermometer indicated the unusualy low temperature of 96½ degrees F., and the pulse was 48 per minute and not strong, The patient, however, was intelligent and answered all questions promptly. The following is copied from the clinical record made at the time:

July 25.—Temperature stands at 98 degrees; pulse 60; patient stronger. Milk and stimulants taken. Quinine given in tonic doses and digitalis in small doses as heart tonic.

July 26.—Temperature normal; pulse 65, weak and with an occasional intermission. Bowels constipated.

July 27.—This morning there were very marked symptoms of prostration. Temperature 98½; pulse 48 and weak. Orders left not to allow patient to make attempt to move or exercise in any way. Evening at 8 o'clock, temperature 97; pulse 42, and weak, and intermittent. Remained all night. About 11 P. M. patient was very restless and complained of feeling very tired; pulse 42 and so weak it could scarcely be felt; temperature 97½ degrees and perspiration standing all overthe surface. Death seemed near; whisky was given in the shape of egg-nog, as he complained of being hungry. He revived and about 4 A. M. fell asleep with heart beating 45 per minute.

July 28.—To-night patient some better than on the previous, but the pulse again ran low and it required constant watching and the occasional use of stimulants. From this date the case progressed steadily into convalescence and he was discharged about August 9.

The remarkable points in the case are the low temperature and pulse. Cases of this kind are not unknown and will usually fall into the hands of the practitioner at least once during his professional work, but they are rare enough to make them interesting and dangerous enough to require the constant watcufulness and skill of the physician. The question might arise if this low ebb might not be the result of hemorrhage into the bowels, or if the digitalis used might not be the cause. Both these points, however, were carefully looked after and nothing found to give rise to such a suspicion. The sudden departure of the fever temperature to a temperature dangerously below the normal is a fact not easily explained, however easy it may be to believe that the infrequent pulse rate was due to this diminution of temperature.

DRS. WILKES AND LAURENCE.

CIRCULAR.

STATE SANITARY SURVEY.

ILLINOIS STATE BOARD OF HEALTH,
Secretary's Office, Springfield, March, 1885.

DEAR SIR:—Whenever Asiatic cholera has prevailed as an epidemic in Europe—embracing, now, a period of more than half a century—it has, eventually. reached this country and caused great loss of life, thousands of cases of sickness, and severe injury to trade, commerce and and all forms of productive industry. It is true that until recently there was little or no sanitary organization, and little effort made to utilize the existing sanitary knowledge for the exclusion of the disease. Such organization and knowledge might now, possibly be able to keep the pestilence out of the country. But it is not probable that they will do so; and the chance is greatly reduced by unrestricted immigration, which is likely to be stimulated during the coming season by the low rates of passage.

There is, therefore, all the more reason why states, municipalities, communities and individuals should hasten to put themselves and their belongings into the best attainable sanitary condition, so as to limit the spread of the disease whenever it may be introduced. There is this additional reason for such effort, to-wit: Whatever of sanitary work is calculated to check the spread of Asiatic cholera, will have an equally beneficial effect upon the limitation of a large class of other diseases, which are more or less preventable. So that even though cholera should not come, such work will reduce the frequency and fatality of cholera morbus, cholera infantum, diarrhea, dysentery, typhoid fever. and many other diseases.

In order to facilitate this work of preparation, and to make it thorough and systematic, the State Board of Health has prepared a blank form for a House-to-House Inspection, and herewith furnishes a package of such forms, with the necessary instructions.

This form has been so prepared, and the instructions are so plain and specific, that it is believed any person of fair average intelligence can make the inspections and fill up the returns. The instructions are supplemented by a return filled up, with the supposed entries printed in italic; and by a plan of the premises, showing the mode of making the diagram. These illustrations cover most of the ordinary sanitary defects

which will be met with, and indicate the method of briefly and clearly describing them. The plan of premises is an important feature, and its use will save much written description, especially in pointing out the location of nuisances on adjoining premises—as, for example, those arising from the proximity of slaughter-houses, rendering establishments, distillery stables, etc. A careful study of these illustrations should be made by the inspector before beginning operations.

The inspection should be conducted under the supervision of the health authorities, wherever such exist; and in small towns and villages where there is no health arganization, some physician, who has the necessary sanitary knowledge, should be appointed health officer for this purpose.

Very many of the sanitary defects and evils which will be disclosed by these inspections can and should be corrected by the individual householder or occupant—so that little or no expense need be incurred by the authorities, beyond the cost of making the inspections. The inspector should be authorized to request the prompt correction of defects and the abatement of nuisances as soon as they are discovered. In the majority of cases, a clear explanation of what is required will secure the necessary action by the owner or occupant. But where such explanation and request are ignored, and a nuisance injurious to the public health is continued, notice should be served upon the offender that he will be prosecuted according to the ordinances or laws concerning nuisances; and the inspector should report, from day to day, on these matters.

A suitable form for tabulating and condensing the returns is being prepared, and will be furnished in due season. One copy of this should be preserved permanently, as the basis for a Municipal Sanitary Schedule, which, with little labor and expense from year to year, will be found of great value in efforts to preserve the public health. A duplicate copy of this condensed return is to be forwarded to the State Board of Health.

After the returns are all in, and the information they contain has been properly digested—the sanitary work by individual owners and occupants having been, meanwhile, steadily pushed from day to day—it will remain for the authorities to determine what further action, if any, is necessary. The compilation of the "Public-Health Laws of Illinois and Sanitary Memoranda"—a copy of which has already been furnished you—contains a summary of all existing legislation concerning the public health, and will serve as a guide for any action that may be required. The republication in the local papers of the chapter on "General Sanitation" (pp. 48–51) would be useful during the inspection.

It is important that this work be begun as soon as the weather will permit: and it is especially desirable that certain details be attended to at the earliest practical moment. For example: The emptying, disinfecting, filling with clean earth, or other necessary treatment of privy vaults, should be completed before warm weather comes to interfere with such work, or before the appearance of a case of cholera makes it dangerous to attempt it. To this end, wherever the conditions make such action necessary, a proclamation or health notice should be issued, directing the immediate prosecution of such work. See Section 2, Article VI, of the Model Sanitary Ordinance, page 13 of the "Public Health Laws and Sanitary Memoranda." Where no health organization is in existence, the present emergency furnishes a favorable opportunity for securing the adoption of this ordinance.

It is desired that the receipt of this circular and accompanying blanks be acknowledged, and that the Board be advised from time to time of the progress made in improving the sanitary status.

Additional copies of the blanks, instructions, and other publications of the Board may be obtained by addressing the Secretary; and correspondence is especially invited on points not made sufficiently clear, or which present any complicacations or features of importance.

By order of the Board:

JOHN H. RAUCH,
Secretary.

To the Mayor, or Pres. Board of Trustees,

———————

——————— County, Ill.

NOTE. In towns and villages, especially where no health organizations exist under the corporate authority, volunteer or Auxiliary Sanitary Associations, are capable of doing much good. Their objects should be—First, to promote a general interest in sanitary matters, and to diffuse a knowledge of the means of preventing disease: Second, to secure the adoption of the most effectual practical methods of improving the sanitary condition of the community: Third, to provide their members with such skilled inspection and advice as shall secure the proper sanitary condition of their own premises.

Such associations have been in existence for years in this country—even in cities provided with health departments; and have done much toward educating the communities in which they operate to a knowledge of the sources of disease in and around their homes, and of the nature and value of preventive measures. Though investigations of commitees, by the publication of

papers, reports, sanitary tracts and discussions, and by popular lectures on sanitary topics, they have been of great service in creating an intelligent public sentiment, which has often found expression in stimulating the authorities to increased vigor and effectiveness, in securing the abatement of time-honored nuisances, or the prosecution of long-needed measures of reform. In some instances they have raised large sums of money for the furtherance of the legitimate work of the health organizations. All this pays in various ways: It makes the town or city more desirable for residence; it makes it safer and more profitable for business; it direetly or indirectly enhances the comfort and well-being of every member of the community.

The present is a favorable time for the formation of such organizations, and they may be of great assistance in pushing this sanitary survey and in securing its full benefit.

ITEMS.

—According to Dr. Hyades, who has lately returned from Tierra del Fuego, whither he was despatched on a mission by the French Government, the Fuegians are the lowest human beings in the scale of existence. The language contains no word for any number above three; they are unable to distinguish one color from another; they have no religion and no funeral rites; and they neither possess chiefs nor slaves. Their only weapons are bone-pointed spears; they grow neither fruit nor vegetables; and as their country is naturally barren, they are obliged to live entirely on animal food. But they are not cannibals; they illtreat neither their women nor their old people, and they are monogamous.—Brit. Med. Jour.

—The Allgemeine Medicinische Central Zeitung says that Dr. Domingo Freire, of Rio Janeiro, the discoverer of the bacillus of yellow fever, has met with surprising success in his inoculation experiments. Of nearly one thousand inoculated by him, not one single case was severely attacked, and the very few that suffered had the fever in the mildest form possible.

Professor Malgaigne frequently exhibited bitter irony with a bantering laugh much dreaded at the examinations. One day he was discussing some obscure points of a thesis, and the unfortunate candidate replied almost at random, "Now, sir," explained that irate examiner, "you must give a clear answer! Can you tell me what to create means?" "Create?" stammered out the amazed youth, "it is to make something out of nothing." "That's good, sir, we will now make you a doctor."—Lyon Medical.

—The following is a copy of the inscription on the monumental brass covering the remains of John Hunter, in Westminster Abbey, which was alluded to by Professor Marshall in his eloquent Hunterian Oration, viz.:—"I. H. S. Beneath are deposited the remains of John Hunter, born at Long Calderwook, Lanarkshire, N. B., on the 13th of February, 1728, died in London on the 16th of October, 1793. His remains were removed from the church of St. Martin-in-the-Fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this Tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their grateful veneration for his services to mankind as the Founder of Scientific Surgery. O Lord, how manifold are Thy works, in wisdom hast Thou made them all.—Psalms, civ. verse xxiv."

—Coffee made with Distilled water is said to possess delicacy of taste, improved aroma, and is, in short, agreeable and acceptable in every way. Possibly this is because the distilled water does not take up any of the tannin from the berries, which ordinarily is rendered soluble by the earthy carbonates.—Philadelphia Medical Times.

—The Order "Pour le Mérite" recently conferred upon Sir Joseph Lister has only twice previously been presented to surgeons. The first recipient, Dieffenbach, died in 1847, the second being Lucas Schoonlein, who appears to have distinguished himself more in the service of his royal master, Frederick William IV., that in that of scientific surgery. The decoration has in recent times been awarded chiefly to distinguished anatomists and physiologists, amongst whom may be noted the names of Schwann, Brücke and Dubois-Reymond.—Med. Times and Gaz.

—"Ein Bemoostes Haupt."—At an age which surpasses that assigned in Scripture, a student of the Berlin Medical Faculty received a few days ago his Doctor's Degree. This Nestor of medical studenthood, Dr. Schultheiss, was in fact in his seventy-fourth year. In 1833, he matriculated at the Berlin University, and studied theology there until 1837, when, having undergone the State examinations, he set out in the wide world to convert the heathen. During quite forty-four years he worked as a missionary in South Africa, and in his sixtieth year he undertook some scientific journeys. In 1881 he returned to Berlin and registered at the University again, and, having studied medicine with all the ardor and perseverance of youth, during eight semesters, underwent his examinations for the Doctor's Degree, and

now proposes to settled down as a practitioner in his second home in Africa.

—Practice in Vienna and London.—In a rather querulous article, the Allgemeine Wiener Medicinische Zeitung (January 20), contrasts Vienna with London, as to its supply of medical practitioners. While in London, it says, with four million inhabitants, and crowds of foreigners streaming through it, there is but one registered practitioner to 3,000 inhabitants, in Vienna with 800.000 inhabitants and a sparse foreign intercourse, there is one for every 1,500. Then, great fortunes are not made in Vienna like in other capitals, as for example, by Dr. Péan, of Paris, who with his annual income of 600,000 or 700,000 francs, joined to the profits of his fisheries may vie with a Rothschild. No one, however, approaches Sir Spencer Wells, who for many of his thousand ovariotomies received £10,000 or £12,000. (120,000 or 140,000 marks)! Koeberle, of Strassburg, the most successful ovariotomist after Sir Spencer Wells, once received a fee of 500,000 francs from a Spanish Princess, becoming a rich man at one stroke.

—It is stated that a solution of corrosive sublimate in dilute acetic acid (grs. ij—ozj), destroys pediculi and their ova.—Coll. and Clin. Record.

—As a stimulating application to a chancroid, Prof. Gross recommends:—

R. Acid. tannici, - - - - gr. ij.
Ung. hydrarg.mit. - - - dr. j.
Adipis benzoat. - - - ad oz. j.
M. Sig. Apply on a piece of lint—Am. Med. Dig.

—As secretary of the executive committee of the sanitary council of the Mississippi Valley, Dr. John H. Rauch has written to President Cleveland asking that a portion of the fund entrusted to his use in the sanitary interests of the country be set aside for the National Board of Health at once. The object is to have it so employed as to enforce a vigorous system of preventive measures in co-operation with and in aid of state and local health organizations, with especial reference to Asiatic cholera.

—"In these times I will take no chances," said a Jefferson street resident of Brooklyn, the other day, as he arrived home with half dozen horseshoes. "You can't trust science in plumbing. There's too much diphtheria and sewer-gas around to take any chances on this business with children in the houses."

"What are you going to do?" asked his wife.

"Do? Don't you see? Look here—these horseshoes. I am going to hang one of them to every wash basin trap in the house. There is nothing like caution.'—New York Sun.

—The Sixth International Pharmaceutical Congress will meet at Brussels, August 31, 1885, and continue till September 6.

Four subjects will be laid before the Congress by the Committee of Organization for the purpose of being discussed in the full meeting:

1. The plan of a universal pharmacopœia worked out by the committee appointed since the last Congress of London.
2. Pharmaceutical education; preliminary requirements or education; character and standard of scientific studies, etc.
3. Adulteration of articles of consumption; legislation, etc., relating to the same.
4. Drinking water: its characters and tests.

—Professor R. L. Rea has resigned the chair of Principles and Practice of Surgery and Clinical Surgery at the College of Physicians in Chicago. The students presented him on the occasion with a token of their appreciation and esteem.

—The Medical Herald, January, 1885, tells us that the prize of 40,000 francs offered by the French Academy for some certain test of death, to prevent people from being buried alive, was given to a physician who announced that on holding the hand of the supposed dead person to a strong light, if living a scarlet tinge is seen where the fingers touch, showing a continued circulation of the blood, no scarlet being seen if dead.

—The Faculty of Medicine of Paris has awarded the prix Chateauvillars to Dr. Constantin Paul for his work entitled "The Diagnosis and Treatment of Diseases of the Heart." The Academy of Medicine has divided that portion destined for prizes of the Morbinne legacy among the following gentlemen: Dr. A. J. Martin, 4,000 francs, for his work on the "Civil Sanitary Administration in Foreign Parts and in France;" Drs. Straus and Roux, 2,000 francs each, for their cholera researches at Toulon; Dr. Van Morris, of Dunkirk, 2,000 francs, and to Dr. Amat, military surgeon, 500 francs, for their memoirs on the influence of sea-bathing in the treatment of scrofula in children.

—Iodide of Potassium in Pneumonia.—Schwartz recommends six grains of the drug every two hours and records a number of cures under this treatment. The fever and dyspnœa are said to yield rapidly while the congestion remains.

—Little Boy.—"Please, I want the doctor to come and see mother." Servant.—"Doctor's out. Where do you come from?" Little Boy.—"What! Don't you know me? Why, we deal with you. We had a baby from here last week!"

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 14. CHICAGO AND ST. LOUIS, APRIL 4, 1885. TERMS: $3.50 A YEAR.

OIL OF WINTERGREEN IN ACUTE RHEUMATISM.—We find in the Medical Age the following remarks by Dr. J. A. Wessinger:

During the past week two cases of acute articular rheumatism came under my observation, in which the local application of the oil of gaultheria was accompanied with very gratifying results.

On January 11, I was called to see Mr. J——, who had always enjoyed good health, and had never been addicted to the use of alcoholic stimulants. I found the patient suffering from acute articular rheumatism at the right ankle-joint, and also in the great toe of the same foot. Pulse 85, temperature, 100°. I immediately ordered local applications of the oil of gaultheria to the painful joints every hour,and the limb wrapped in woolen cloth. At noon, or four hours from the time I first saw the patient, the pain had not abated in the least; other symptoms about the same. I then ordered the ankle and toe to be saturated with the oil every half hour. At night I again saw the patient, at which time the rheumatic pain had very materially abated. I ordered the treatment continued the same as before. On the morning following, the patient was able to walk with very little discomfort, and was otherwise feeling quite well. At this visit I discontinued the case.

Case 2. P. E:——, æt, 8, has always been quite healthy until the morning of February 3, when he was taken with severe pain and swelling in the knee and ankle-joints of both limbs. I saw the patient on the afternoon of the same day, and, from the condition as presented, my diagnosis was acute articular rheumatism. Temperature 102°, pulse 90. I immediately ordered local applications of the oil of gaultheria every half hour, and the limbs wrapped in woolen cloth. I also ordered grain-doses of sodium salicylate in solution, as an antipyretic. On the morning following, patient thought the pain less intense than on the day previous; Temperature 101½°, pulse 90. Treatment continued the same as before.

February 5. Patient is able to walk and feels much relieved; pain almost entirely gone; swelling reduced; temperature 101°. I ordered local applications of the oil continued, and increased the dose of sodium salicylate to two grains every hour, under which treatment the temperature come down to normal during the succeeding twenty-four hours. From this date the patient made a rapid recovery. Should other cases of this difficulty present themselves in the future, I shall administer the oil of gaultheria, both locally and internally. I certainly see no reason why much good cannot be done in these cases by the internal administration of this remedy.

Oil of wintergreen, although only recently introduced in the treatment of this malady, promises to be a very valuable addition to the therapeutics of acute articular rheumatism. Its action in this condition is, no doubt, owing to the salicylic acid which it contains, since we learn in chemistry that one of the most interesting compounds derived from wood-spirit is the salicylate of methyl, or oil of wintergreen, which is extracted from the flowers of the gaultheria procumbens, and was one of the first vegetable products to be prepared artificially by the chemist. It is obtained by distilling wood-spirit with sulphuric acid and salicylic acid, the latter acid being formed by the action of fused hydrate of potash upon salicia extracted from willow bark.

MONSEL'S IRON IN DIARRHEA.—Dr. Edward T. Williams says in the Boston Medical and Surgical Journal:

Ever since I began practice in 1868 I have been looking for a really satisfactory astringent in chronic catarrh of the bowels. There is, as every one knows, a class of cases where the ordinary vegetable astringents fail to act, or at least act too feebly to do real good. The intestinal lining is in an ulcerous, or quasi-ulcerous, condition, and requires the potent action of a mineral astringent to treat it, as in cases of external ulcer. The acetate of lead is one of the best remedies in these cases, but cannot be safely given for any great length of time. Oxide of zinc in pill form is safe and efficient, but with children, who must take it in powders, often vomits and gripes. Sulphate of copper and nitrate of silver are still harsher, and for children quite out of the question. Subnitrate of bismuth is worse.

"I began trying, in 1877, at the Seashore Home, iron alum (the officinal sulphate of iron and ammonia). I found it better than anything I had previously tried, and have used it freely every since. It is not quite so well borne by the stomach as lead and bismuth, but far better than zinc or copper. The dose for a child is from one to three grains; for adults, from three to ten. At the Seashore Home we make powders containing one grain of the salt to a twelfth of a grain of opium, giving one or more at a dose according to the age of the child. For adults the pill form is of course preferable. I have had the best results from its use.

"Last summer I began using Monsel's salt in its place, both in public and private practice. This I did from my experience of its great efficiency as a styptic, and a presumption that it might do equally well in diarrhea, and have found it even better than iron alum. I have tried it only in the dry form, manufactured by Squibb under the name of pulvis ferri subsulphatis. In this State it is not officinal, though it is precisely the same as the officinal liquor ferri subsulphatis evaporated to dryness. It may be given in the same doses and in the same way as iron alum."

Sixth Annual Report of the State Board of Health of Illinois.—Illinois can boast a State Board of Health which for activity and efficiency need fear no comparison. It discharges its duty with equal impartiality both towards the public in general and towards that particular part of the public known as the medical profession. Its efforts to elevate the standard of medical education in Illinois directly and indirectly in the whole of the United States cannot but be appreciated by all who are capable of taking an intelligent and comprehensive view of the duties they have undertaken. We congratulate the Board on the work it has accomplished and trust its duties will continue to be discharged with equal efficiency by those on whom, with the lapse of time, the responsibilities of office may fall.

The report before us contains in addition to the Annual Report two appendices: A Conspectus of the Medical Colleges of America; and an Official Register of Physicians and Midwives in Illinois. The first of these Appendices contains interesting information relative to the history of medicine in the United States and Canada, and the latter special information to those located in Illinois.

The advance in medical education during the past four years in the United States may be more or less roughly estimated by the statement we find in the report, that whilst in 1880 only 12.06 per cent of the medical colleges required a preliminary education in 1884 the number amounted to 77.58 per cent. Those giving instructions in hygiene constituted 14.65 per cent of the whole, whilst in 1884 the number amounted to 68.96 per cent, and the number of colleges requiring a three years' course has increased from 6.89 per cent to 19.82 per cent.

We find from the record of the quarterly meeting held in Chicago, April, 1883, that a suggestion was made relative to the feasibility of one preliminary examination for all those about to enter on their studies at the various medical colleges in Chicago. We do not anticipate that it would ever be possible for such a plan to be carried out. It is true it is not stated that such an examination

should be officially connected with the board, but unless it were an absolute necessity we do not think it likely that a sufficient amount of unanimity is likely to exist among the colleges to induce them to enter into it unitedly, nor do we see that any great amount of labor would be saved by the innovation.

Remedy in Acute Coryza.—A correspondent from Prarie du Chien, Wis., Dr. A. F. Samuels, writes recommending highly the following preparation in acute coryza:

℞	Pulv. camph. - -	ʒj.
	Chloroform - - -	ʒj.
	Acidi benzoic - -	ʒss.
	Adipis - - - -	℥j.

To be applied ad libitum in the nostrils with the little finger. The above differs only slightly from a preparation which has been very favorably received of late in certain irritable conditions of the skin, consisting of equal parts of camphor and chloral diluted with about ten times its weight of vaseline or lard. It is an excellent application on the skin and we should expect it to give satisfaction also in the nose. Our expectation is increased by the experience of our correspondent.

Treves on the Anatomy of the Intestinal Canal.—Trousseau in the introduction to his Clinical Medicine says: "The man who is convinced that there is something to be gained will always gain something; and in the most beaten paths something new can always be found provided it be sought for with ardor and intelligence." This is illustrated by one of the Hunterian lectures of Mr. Treves discussing the anatomy of the intestinal canal and peritoneum. For the furtherance of this study Mr. Treves examined a hundred cadavers. In discussing the mesentery he says, the average length of it from the spine to the intestines is from eight to nine inches, and that its longest part is that which goes to the intestines which lie between six and eleven feet from the duodenum, and that between these five feet of intestines the mesentery often has a length of ten feet. If, he says, "the fresh body of an adult be opened, and the condition of the viscera and peritoneum be normal, it will be found that it is impossible to drag a loop of small intestine through the femoral canal (artificially enlarged) on to the thigh, or down the inguinal canal into the scrotum. In fact, no coil can, in any part, be drawn out of the abdomen below a horizontal line on a level with the spine of the pubes. It is evident, therefore, that, in a femoral or scrotal hernia, the mesentery must be elongated. Mr. Birkett, in his well known monograph on hernia, has drawn attention to this subject, but its importance in connection with the anatomical bases of heredity in some forms of rupture, and with the prospects of operation for radical cure, appears to have been overlooked."

The holes found in the mesentery he refers in part to violence in some form or another, and in others to atrophy of the tissue that formerly occupied the site of the hole.

During the discussion of the arrangement of the small intestine he says:

"In the majority of adult bodies, the small intestine is disposed in an irregularly curved manner from left to right. The gut, starting from the duodenum, will first occupy the contiguous parts of the left side of the epigastric and umbilical regions; the coils then fill some part of the left hypochondriac and lumbar regions; they now commonly descend into the pelvis, reappear in the left iliac quarter, and then occupy in order the hypogastric, lower lumbar, and right iliac regions. Before reaching the latter situation, they commonly descend again into the pelvis. As a rule, however, the position of the individual coils is much less regular, and the arrangement shows very plainly the extent of the irregularity. The following facts will demonstrate the gross deviations that may be found from what may be regarded as the typical disposition of the intestinal coils. In the left lumbar region, loops may be met with that are respectively a few inches on the one hand and 15 feet on the other from the duodenum. In the left iliac quarter, the extremes are 2 feet and 23 feet; in the hypo-

gastric, 11 feet and 26 feet; and in the right iliac, 9 feet and 28 feet. In one case I found that a coil situated in contact with the middle of Poupart's ligament on the left side was only 11 inches from the end of the duodenum; and in another, a loop that was lying against the bladder in the middle line was only 2 feet from the same point. All these observations refer to the adult body.

Relative to the dimensions of the cecum he says: It is necessary, before they can be given, that the limits of this segment of the gut be clearly laid down. The cecum is defined as that part of the colon which is situated below the entrance of the ileum. The breadth of this part, therefore, may be represented by a line drawn transversely across the bowel, at the level of the lower ileum, at the ileo-cecal junction. The length may then be expressed by a vertical line drawn from the line just named to the apex or lowest point of the cacum. From careful measurements, made of a large number of adult ceca, I find that the average breadth of this part is three inches, and the average length two and a quarter inches. The largest cecum that I met with had a diameter of four inches. The smallest (from the body of a well developed woman, aged 36) measured only three-quarters of an inch in length, and one and a half inches in breadth. It is exceptional to find a cecum with both its diameters equal.

It will be seen from the following that Mr. T. doubts the existence even of a meso-cecum: "Accepting the definition of the cecum given by the editors of "Quain," and by all other anatomists, I might state that, in 100 specimens examined, I have never found the posterior surface of the cecum uncovered by peritoneum; I have never found it attached by areolar tissue to the iliac fascia, and I have not met with one single example of a meso-cecum. I am very much disposed to doubt the existence of such a fold as the last named."

On the practical bearing of the question he says: "The relations of the cecum to the peritoneum are of great interest in surgery and medicine, the part being so frequently the seat of trouble. It has, I notice, been recently proposed that, in certain inflammatory conditions of the cecum, the gut be reached by an incision from the loin, the incision not to include the peritoneum, but the gut to be exposed at its hinder part, just as the external iliac artery is exposed in the extra-peritoneal operation for ligature. I would take the liberty of stating that such a procedure is anatomically impossible. With regard tothe mysterious meso-cecum, it is probable that that term has been applied to the lowest part of the ascending meso-colon, the limits of the cecum having been ignored when the nomenclature was evolved.

The mobility of the cecum is often considerable, and depends in the main upon two conditions—either upon the length of intestine that extends between the tip of the cecum and the reflection of the peritoneum above alluded to, or upon the presence of an ascending meso-colon. The former factor is of greater moment than the latter. In eleven bodies, I have met with ceca that could be made to touch the under surface of the liver and any part of the left side of the pelvis. In some of these specimens, the cecum might very well have occupied an inguinal or femoral hernia on the left side, had the hernial orifice been large enough. In one case the tip of the cecum could be made to touch the xiphoid cartilage, and in several instances, the mobile piece of intestine could be drawn down the thigh to the level of the great trochanter.

Lesions from Chlorate of Potash Poisoning—The autopsy was held about fifteen hours after death. Both kidneys were found in a conditiou of extreme active hyperemia and the Malpighian bodies appeared throughout the whole corticle substance as small black dots. It was also noticed that all the solitary follicles in the small intestines were distinguished by this same black color. The patches of Peyer were studded throughout by their composing follicles having the same dark hue. The bladder contained a small

quantity of very bloody urine. The heart was flaccid and contained fluid blood. The other organs were comparatively normal.—Dr. A. H. P. Leuf in Amer. Med. Digest.

American Medical Association.—The thirty-sixth annual session will be held in New Orleans, La., on Tuesday, Wednesday, Thursday, and Friday, April 28th, 29th, 30th, and May 1st, commencing on Tuesday at 11 A. M. (Wm. B. Atkinson, M. D., Permanent Secretary.)

The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided however, That the number of delegates for any particular state, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies as above designated are earnestly requested to forward, at once, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the secretaries are, by special resolution, requested to send to him annually a corrected list of the membership of their respective societies.

Sections. The chairmen of the several sections shall prepare and read, in the general sessions of the Association, papers on the advance and discoveries of the past year in the branches of science included in their respective sections.

A member desiring to read a paper before the section should forward the paper or its title and length (not to exceed twenty minutes in reading) to the Chairman of the Committee of Arrangements, Dr. Samuel D. Logan, New Orleans, La., at least one month before the meeting.

Amendments to the Constitution by Dr. C. H. von Klein, Ohio:

1. No person, who shall hereafter graduate from a medical college, where literary education is not a prerequisite to such graduation shall be eligible to be a delegate to the American Medical Association.

2. All delegates to this Association, as a part of their credentials, shall present certificates from the County, District, or State Associations they represent, showing from what medical college and when graduated; but this provision shall not apply to delegates from the Army and Navy.

Amendments to By-laws by Dr. Foster Pratt, Michigan: Each section shall nominate its chairman and secretary; all other nominations to be made, as now, by the Nominating Committee.

By Dr. Carl Seiler, Pennsylvania: Divide the Section on Ophthalmology, etc., and form two, one consisting of Ophthalmology alone, and one consisting of Otology, Laryngology and Rhinology.

Local Sweating by Pilocarpine.—The exhibition of jaborandi, or of its alkaloid, pilocarpine, however reliable it proves in the various affections in which it is employed, has the advantage of lowering arterial tension and provoking considerable malaise when administered through the digestive tract. Hence any other method of administering the drugs in question, which would secure their principal physiological effects, viz., profuse perspiration,and exclude at the same time the abovementioned objections attaching to them, should be deemed an acquisition. Of the extensive literature on the local application of pilocarpine, the inaugural essay of Dr. Baux of Lyons will amply repay its perusal and justify somewhat detailed synopsis here.

Straws, whilst engaged in researches con-

cerning the sudoriferous secretion in cases of facial paralysis, in 1879, was the first to employ local medication with pilocarpine and publish pertinent results. After having used injections of $\frac{1}{6}$ grain and less he noticed, that through a reduction of the dose to one or two drops of water, holding in solution $\frac{1}{64}$ to $\frac{1}{16}$ grain of the nitrate of pilocarpine, he could limit the action of the drug to a local sweat, to the entire exclusion of systemic sympathy. Shortly after Aubert proved that substances in solution could traverse the skin without any existing erosion of the epidermis, provided the latter was rubbed vigorously with the palm of the hand before or after the application of the substance, and he repeatedly provoked local sweating by such an epidermic application of pilocarpine. He also made the following interesting experiment: After placing a few drops of a weak solution of pilocarpine in a glass of water, he plunged the point of a needle in it and pierced his skin with it; small drops or sweat appeared at once over the region of the lesion covering a zone as large as a franc-piece (about the size of a quarter of a dollar). Thus the capability of minute doses of pilocarpine of effecting comparatively extended local perspiration was firmly established and the exclusion of all other constitutional symptoms, such as salivation, lachrymation, or reduction of arterial tension positively perfected. Molliére having previously obtained a fair success with his method of provoking sweating in certain articular affections with cotton, was naturally led to associate the use of pilocarpine with that of cotton. Dr. Baux endeavors to prove the augmented activity of pilocarpine, when associated with cotton, and that its local use leads to a quicker cure in local affections than its internal administration. The first thesis he proved by experiments made on his own person. He employed a pomade compounded as follows:

℞ Pilocarpine - - - gr. $\frac{1}{3}$
Vaseline - - - - ℥ vj.

and cotton soaked in a solution of pilocarpine and afterwards dried. He then covered symmetrical parts of the body with cotton alone or cotton and pilocarpine-pomade and gained in seven experiments, carefully conducted to avoid errors, differences in weight of secretion in favor of the parts treated with pilocarpine, varying from 35 to 80 grains.

Regarding the beneficial results attending the local sweating with pilocarpine in local troubles, Dr. Baux places this method of medication at the head of all other known remedial measures. In thirty-one cases of fractures, falls, torticollis, luxation, arthritis, articular rheumatism, and other affections, especially of bones and joints, he has obtained a degree of success respecting rapidity and completeness of cure unattainable in his opinion by other forms of treatment. In hydrarthrosis, pilocarpine has no curative effects; it proved useful, however, in two cases of white swelling, in cases of orchitis and of inflammatory swelling after injection of tincture of iodine into the tunica vaginalis.

Regarding the mode of its application, Baux considers its endermic use, *i. e.*, after vesication of the cutis, as the most effective method of producing absorption of the drug.

Syphilitic Phthisis—Does it Exist?—The Bost. Med. and Surg. Jour. writes: It has long been known that syphilis may attack the lungs; but a vast deal more has been heard of pulmonary syphilis since the question was broached whether the direct cause of the characteristic lesion of phthisis —caseation and cavity formation—may not sometimes be the venereal virus; that is to say whether there is not also syphilitic phthisis.

After a careful critical study of all the literature of the subject and also of three cases under his own observation, Hiller concludes that there is, as yet, no clear scientific proof of the existence of such an affection. In the reported cases of syphilitic phthisis sufficient evidence is lacking either of the destructive and ulcerating nature of the pulmonary process or of the syphilitic origin of the same. Those cases in which the diagnosis was apparently confirmed by the autopsy were really simply combinations

of syphilitic with either phthisical or bronchiectatic lesions.

The anatomical changes in the lung chargeable to syphilis are cicatrices, connective-tissue growth, gummata, and chronic induration of the pulmonary tissue in the form of peri-bronchial growths, nodular formations, and diffuse lobular condensation, which generally start from the bronchus of the part (diffuse syphilitic infiltration).

The diagnosis of these changes during life may be made with a certain degree of probability at times, but can never be made with certainty. The shortness of breath, cough, scanty and sometimes bloody expectoration, and other signs, rational as well as physical, are so wanting in characteristic peculiarities that the syphilitic nature of the affection cannot be made out from them. The diagnosis is to be based rather on the history of the case, the presence of the well-known symptoms of general syphilitic infection, and laryngoscopic examination, which will reveal in nearly all cases of pulmonary syphilis old lesions of the upper air-passages.

Index Medicus and Western Enterprise.—We are surprised and pleased to learn that George S. Davis, of Detroit, Michigan, has undertaken to resume the publication of the Index Medicus. This enterprising Western house has certainly prospected and comprehended the immense undertaking which it assumes. We wish it every success, and publish with pleasure the two following communications detailing its transfer:

We take pleasure in announcing that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the Index Medicus, on the same general plan, and with the same regard to typographical accuracy and finish as heretofore.

On account of the delay required to perfect this arrangement the first number of the current year will comprise the literature of January, February and March, after which it will appear monthly, as usual.

At the end of the year, in addition to the annual index of names, subscribers will be furnished with an index of subjects to the volume.

So many expressions of regret and urgent remonstrances in regard to the threatened discontinuance of the Index Medicus have been received, that we think we may venture to congratulate the profession on Mr. Davis' public-spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

It is requested that all exchanges, and books and pamphlets for notice be sent to the Index Medicus, Washington, D. C.

John S. Billings, M. D.
Robert Fletcher, M. D.

Washington, D. C., March 4, 1885.

From the former publisher, to the subscribers of the Index Medicus Mr. Geo. S. Davis, of Detroit Michigan, having undertaken, with the full approval of Drs Billings and Fletcher, to continue the "Index Medicus" as his own enterprise, the undersigned, as the recent publisher of that journal, gives notice that the good will has been transferred by Mrs. F. Leypoldt, administrix of the estate of Frederick Leypoldt, to Mr. Geo. S. Davis, and a continuance of the cordial support given by so many of the faculty to the publication during Mr. Leypoldt's lifetime is asked for the enterprise of Mr. Davis, in the hope that his relations with the medical profession will enable him to obtain sufficient further support to make the enterprise self sustaining

R. R. Bowker.

New York, March 4, 1885.

—Dr. J. E. Garretson says in the Boston Medical and Surgical Journal: "I compliment the man who in this dollar-and-cent age directs attention to the flaws of American medical education at the expense of his own pocket. A full half of the young men who come to Philadelphia to study medicine should be turned face about and sent to a village school. These are wise words and fitly spoken. The place to intercept incompetents is at the entrance of the medical schools rather than at their exit. The class of young men who are to do credit to American medicine are to be found in the medical colleges which have a high matriculation standard—and live up to it. —Medical Age.

CONTRIBUTIONS.

ON ANTIPYRINE, WITH NOTES ON SOME CLINICAL RESULTS ATTENDING ITS USE IN TYPHOID FEVER.

BY JAMES E. NEWCOMB, M. D.

Late House Physician—Roosevelt Hospital—New York.

One of the features of last summer's service in our metropolitan hospitals was the introduction of antipyrine, the new antipyretic. It has seemed to the writer that a brief resumé of the literature of the subject, together with clinical results noted, might not be entirely devoid of interest.

The new remedy was first presented to the medical profession by Knorr, assistant in the chemical laboratory of the university of Erlangen. The antipyrine of commerce is an acid salt, in the form of a white crystalline powder with a bitter taste and faintly aromatic odor. It is, chemically speaking, a derivative of chinolin. It gives with chloride of iron a red-brown color, with chromate of potash a yellow precipitate, with nitric acid an emerald color; which can be recognized in an antipyrine solution $\frac{1}{10000}$. It is probably excreted by the urine as a sulphate, causing an increase of sulphur acids in the renal product. It does not show itself in the distillation of the urine, but if we boil the latter with hydrochloric acid, adding a few grains of sodium nitrate, the green color immediately appears with the evolution of the gas. The salt is freely soluble in cold water and can be given by the mouth, by the rectum, and hypodermatically. The solution used at Roosevelt hospital contained thirty grains to the dram. Later, we found it more convenient to supply the wards with fifteen grain powders to be dissolved at the bedside. The exhibition of the drug in effervescing water ,with the addition of some aromatic, makes a very palatable draught.

Upon its introduction, it was taken up at the various clinics in Germany and soon reports began to pour in from all quarters concerning its remarkable effects which were produced with a minimum of disturbance. This latter fact was hailed with great satisfaction as kairin, its immediate predecessor in this quarter of the domain of therapeutics, had proven to be unavailable for practical use. This latter remedy reduced temperature powerfully, it is true, but in many cases its reaction was attended with symptoms of collapse. These have rarely been observed with antipyrine. The earliest public announcement of clinical results was made in the "Fortschritte der Medicin, July 15, 1884, and consisted of a resumé of articles by Filehne, Guttmann, Alexander, May, Rank and Falkenheim, the burden of testimony of all these observers being about the same. Filehne's original article was published in the Zeitschrift f. Clin. Med. Bd., VII. His dosage was thirty grains, the same repeated an hour later, and half that quantity at the second hour. He states that the temperature fell from a "fever heat" down to 38° C., that the effect lasted over a period of seven to nine—even in some instances, twenty hours; that the fall occurred without sweating and that the temperature returned to its former height without a chill. The maximum effect was reached in from three to five hours after the first dose. The pulse fell with the temperature, but there was no fixed ratio between the two. The urine remained free from albumen and showed no noticeable change of color. Occasionally there was vomiting. Guttmann's results were recorded in the Berlin Klin. Wochenscrift, 1884, No. 20. They do not materially differ from the above, except that profuse sweating was noted as having frequently occurred. In Alexander's paper (Breslau Aerztl Zeitschr., 1884, No.11), the profuse sweating was specially mentioned as having occurred ten minutes after the first dose. In intermittent fever,the paroxysm was interrupted, but its recurrence was not checked. Given at the height of the paroxysm, it shortened the stage of subsidence. The frequency of the pulse did not always diminish. (This latter association of effects was noticed at the Roosevelt hospital.) This clinical observation is an interesting analogue to the experience of Fick, who found that an increase in bodily temperature, and especially of the carotid blood vessels can throw the respiratory center into violent agitation,while the centre for the innervation of the heart and blood vessels is not influenced. Vomiting sometimes resulted. The best results were obtained in the treatment of typhus fever. In a later paper in the same journal, Alexander reports that he occasionally reduced the temperature with a dosage of from two to six grams to a sub-normal without collapse; that most of his cases of typhus ran a short course; that in the majority of cases of acute rheumatism, there resulted, in addition to the lessened fever, a decided improvement in the joint affection. In one case of rheumatism with relapse and recurring fever antipyrine failed for the first time to lower the temperature. In this case a mitral endocarditis im-

mediately showed itself. Particularly worthy of note is Alexander's mention of the appearance of an exanthematous eruption in several cases. It closely resembled measles but the face remained free and the eruption disappeared without desquamation notwithstanding the continued use of the remedy. In one case urticaria resulted. The appearance of an eruption is also noticed by Cahn (Centralblatt f. die Gesamm. Med. 1884, No. 48),who remarks that the erythema was never troublesome to the patient. In one of his cases of typhus, there appeared, two days after the disappearance of the eruption, a bran-like exfoliation which lasted six weeks.

May (Deutsche Med. Wochenschr. 1884 Nos. 24—6) was able to reduce the temperature in cases of pneumonia where quinine was unavailing and had, as he bluntly puts it, "left him in the lurch." It ought to be added that May is one of the only two observers who noticed symptoms of collapse after the use of antipyrine. Yet the case was such a severe one that it is difficult to say how much of the effect was due to the remedy (Similarly it seems unfair to the writer to ascribe to the drug all the vomiting observed in cases of typhoid and fevers treated therewith. It may arise from improper feeding, etc.) May noticed also vomiting and sweating. A slight chilliness accompanied the reaction in some cases. In one case (a girl) a blunting of the mental faculties with noticeable apathy occurred. In New York, so far as this latter point has been noticed, the experience has been the reverse. Dr. G. L. Peabody's paper read before the New York Clinical Society November 28, 1884, mentions as having ocurred in his cases, "a morbid brightening of the intellectual faculties." Falkenheim (Berlin Klin. Wochenschr. 1884, No. 24) notes almost the entire failure of the drug to control intermittent fever (five cases).

In one case twenty-five grams of the remedy were given in the course of twenty-four hours, without effect. Rank (Deutsch Med. Wochenschr. 1884, No. 24.) was led from the occurrence of vomiting to use the remedy hypodermatically. No specific effect on the nerves of the stomach was observed. The general systemic effects were more strongly noted than with internal use.

A more detailed account of the effects of antipyrine was published by Müller (Centralblatt für die gesamm. Med. 1884, No. 36).He states that about twenty minutes after the first large dose is taken,the skin gradually becomes turgescent and moist,the veins of the skin become full and a copious perspiration occurs. In one case the loss of bodily weight from this cause alone was over one and one quarter pounds inside of two hours.(With this condition of flux it is evident that the temperature of the internal body taken deeply in the rectum sinks more speedily than at the periphery.) The pulse was slightly diminished in frequency and sphygmograms taken in typhus showed that the dichrotism disappeared, that the recoil stroke was shorter in duration and reached higher and that the artery seemed more elastic, all these conditions indicating an increase in vascular tension. No reduction in the size of the spleen was noticed. The remounting of the temperature was just as slow as its fall, extending over three to six hours. This slowness propably accounts for the absence of chills, whereas with kairine, chills, as a rule accompanied the rapidly rising temperature. In two patients were noticed somnolency and involuntary micturition. In some cases there was considerable reduction in the amount of urine excreted. Müller's experiments in typhus showed that the reduction of temperature was accompanied by more than a proportionate reduction in the amount of bodily waste. In healthy men a fall of only one-tenth of a degree C. was noticed, but even here the excretion of nitrogen was slightly lessened.

E. Suñer (ibid No. 50) used the remedy in three cases only, a tertian fever which had lasted forty days; a gastric fever in a girl nine years old and in a case of parametritis on the left side of a month's duration. In all a daily dosage of three to four grams yielded only good and prompt results. The tertian fever disappeared after the first dose. In one patient with pyonephritis there occurred on the fourth day a decided fall of temperature with sweating. In a daily dosage of three grams an erythema appeared all over the body with intense itching, but it entirely disappeared notwithstanding a continuance of the remedy, and by the sixth day it had faded out. No desquamation followed. There was no affection of the mucous membranes. Secchi and Bielchowsky (ibid No. 51) make some interesting observations on the use of the remedy in phthisis. The former's results were favorable, a prompt fall of temperature occurring without any increase in sweating and no hemoptysis followed. In two out of twelve cases an exanthema appeared with intense itching, in the first case three days and in the second fourteen after commencing the drug. Bielchowsky, however, gives results of a different character from any of the above-named observers. To be sure, he says,

antipyrine reduced the temperature in typhoid and phthisis and less in other acute diseases, but in one case after five grams were given, the pulse rose from 108 to 132, while the temperature fell from 39.2° to 37.2° C., and again after six grams in the same patient, the pulse rose from 114 to 125 while the temperature fell from 40° to to 36.3° C. No symptoms of collapse were observed in either case. In one case of typhus collapse appeared after four grams of antipyrine and a later rise of temperature was accompanied by a chill. A further use of the drug with the same patient gave a like result. In a phthisical patient who had had a hemorrhage six days previously a considerable bleeding followed the use of antipyrine. In several cases the antipyretic effect was weakening. The lowering of temperature was almost always accompanied by increased and disagreeable sweating, and most of the patients to whom, after one day's use of antipyrine, quinine was given in two gram doses declared, unasked, that they felt better than on the day before although the antipyresis was slight. Vomiting followed in one quarter of the cases when the drug was administered by the mouth. An exanthema was noticed in one single patient (typhus) who had taken in all forty-five grams of the drug per rectum. It appeared on the trunk and extremities, but soon faded after discontinuance of the remedy. On a portion of the extremities it assumed a petechial character, but when the remedy was resumed, there appeared on the trunk, a new eruption more like scarlatina. This soon disappeared after discontinuance. Bielchowsky sums up by saying that in private practice the remedy can scarcely find an extensive use.

Pribram (ibid No. 29) does not materially differ from the others. He has used the remedy in pneumonia, erysipelas, tuberculosis, acute rheumatism, empyema and septicemia. He denies increased vascular tension, but admits a return from dichrotism to the normal. The tongue, dry and fissured, became in a few days soft and moist. No chill followed the reaction, which was sometimes quite impetous. The mind was clear and the subjective condition considerably bettered. Collapse followed in one case (tuberculosis of the lungs). In pneumonia a marked improvement was noticed in the general condition, and especially in the dyspnea. The lung process was not changed. Four cases presented an eruption resembling measles, and scarlatina but not albuminuria followed.

But one more reference need be made to the literature of the subject. Recently (Fortschritte der Med. Oct. 15 and Nov. 14, 1884). Demme of Berne reported the results of some experiments he had performed on animals. He found that single large doses (five grains for the frog and fifteen for the rabbit) caused death by cardiac paralysis. In somewhat smaller dosage the central nervous system was markedly affected, giving increased actual tension and general tetanic muscular spasms. Persistent administration paralyzed the cord centres presiding over these latter functions. His caution is that in states of depression the remedy should be used with the greatest care. Caffeine was found to antagonize its effect upon the heart.

[TO BE CONTINUED.]

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, March 28, 1885. The President, Dr. Atwood, in the chair.

SERIOUS BRAIN TROUBLE DEPENDING ON TRIVIAL EAR AFFECTION.

DR. WILLIAMS desired to add another case to what he had said at the last meeting on the subject of serious brain symptoms arising from comparatively trivial affections of the ear. A young man in Carondelet had been deaf for several years and during all this time he had dizziness to such a degree that sometimes he would fall. Besides this he had convulsions which were regarded as epileptic. On examination of his ears they were both found to be plugged up with wax; and, when this was removed not only did the deafness disappear, but the dizziness and epileptic symptoms also went away. It is well known that affections of the drum are the cause of decided dizziness.

DIPHTHERIA—TRACHEOTOMY.

DR. DEAN related the case of a woman recently sent to the City Hospital for diphtheria and who was on the point of labor. Narcotics were given and with them treatment for diphtheria. Labor came on however and the case was turned into an instrumental one in order to hasten delivery. The womb contracted nicely, but the woman was past saving. The vagina was so hot that it felt uncomfortable to the hand on removing the placenta. Although against his judgment and the woman dying, tracheotomy was performed. The woman had almost ceased breathing and

when the tube was introduced it ceased. Despite all attempts at artificial respiration she died. There might have been better temporary success had the incision been lower. On post mortem examination the trachea was found plugged up with the membrane which had been loosened by the knife and passed down by the tube. Sections of the membrane showed the presence of the microbes of diphtheria.

Dr. A. Green asked where the diphtheritic process first began.

Dr. Dean did not know. The nostrils, posterior nares, etc., were involved and he supposed that the patient died of the combined troubles.

Dr. A. Green said that the reason he asked was because he had occasion to observe, especially during the past year, that in cases where the trouble begins at the angle between the lateral and posterior walls of the pharynx, it is easily overlooked. Furthermore, when it commences there it is much inclined to extend down to the larynx. He considered such cases malignant from the beginning.

Dr. Dean said that the true diphtheritic membrane is found only on the respiratory tract; that if a membrane be found on the alimentary it is croupous.

Dr. Dorsett inquired if the labor was premature?

Dr. Dean said that it was somewhat, and the child had been dead a day or so when delivered.

Dr. Dorsett said that he did not know whether to send her to the Female or City Hospital, when the application for the removal was made. He asked if the diphtheria had anything to do with hastening the labor?

Dr. Dean thought that both conditions probably reacted on each other.

Dr. Green regarded the hot vagina as indicating septicemia. If not what caused the high temperature there?

Dr. Dean did not wish to say that there was no septicemia. The temperature was 37°5, and the first few days the extremities were cold. The fact of the death of the child implied that the woman was deeply impressed.

Dr. Johnston was entirely opposed to tracheotomy in diphtheria. He thought that too many followed Trousseau whose great success was due to the fact that he only operated in pseudo-membranous croup, and most of our modern successes are due to the same cause.

Dr. A. Green said that we can make a distinction between diphtheria and croup. It is true, however, that when croup has lasted several days the septicemic process comes on. He could fully indorse the action of Dr. Dean. If we see a patient suffocating and open the trachea we gain time to treat the diphtheria; if the respiration is cut off the patient is lost. We cannot, however, always tell whether we have croup or diphtheria present, as they are both due to infection not of the same specific kind but one may turn into the other and septicemia is liable to come on.

Dr. Mudd inquired what portion of the pharynx is not respiratory.

Dr. Dean stated that the roof, in no sense, belongs to the alimentary tube; and that part behind the larynix, in no sense, belongs to the respiratory tube.

Dr. Mudd answered that it is well known that there are two kinds of epithelium covering the pharynx, but that any part is not respiratory he could not admit. The only part that might not be is the isthmus of the fauces and it is most generally involved. He was surprised to hear Dr. Johnston speak of the hopelessness of operating in membranons croup and diphtheria. There is no question that patients recover from both diseases even where they are so severe as to require tracheotomy. No one can tell whether the obstruction can or cannot be relieved. We can only operate and take our chances. The operation is proper in every case where there is marked obstruction to the respiration. When there is difficulty in respiration—marked—then is the proper time to operate and it is justifiable. There is a prejudice against this operation among the laity and profession. Some of the best physicians of the city never have occasion for tracheotomy. This prejudice is growing less and the one who helped remove it to a great extent was Dr. Hodgen. There is a limit to the operation but it is a difficult one to define. Dr. Hodgen made 14 operations before he had a recovery, yet he saved 17 or 18 lives before he died, and during the latter part of his life his results were better. The speaker's statistics are better.

Dr. Lutz asked if a patient ever died from the effects of the operation. Has it ever hastened the death of a patient?

Dr. Mudd had operated on a child and it seemed comfortable. The operation was performed for a bread crumb in the larynx. Bronchitis followed the operation caused probably by the irritation of the air, and the child died of capillary bronchitis. In many cases the operation is performed when the bronchial mucous membrane is congested and prone to take on the inflammatory process; in this way

it may influence the result by bringing about a bronchial trouble. But it would also increase if the patient were left unrelieved. He did not consider it a dangerous operation, although an unpleasant one.

COCAINE.

DR. LOVE called the attention of the members to the fact that at the last meeting he had asked Dr. Williams if he did not think that muriate of cocaine was good for inflammation. He had answered no, except in so far as it allayed pain, and he also denied that it produced anemia. Recently Dr. Felixstein, of Vienna, made a series of experiments which are noted in the British Medical Journal. He says that it not only produces anesthesia, analgesia, etc., but marked anemia and checks inflammation of the conjunctiva, iris, etc. He also states that it is not beneficial for such conditions as trachoma.

DR. WILLIAMS still thought that the benefit following its use was due to its anodyne effect. It is not astringent; we all know that anodynes act antiphlogistically. It is quite possible that it will reduce the amount of blood in the conjunctiva temporarily, but this is not curative. In a case similar to Dr. Love's he dusted powdered boracic acid in the eye and the next morning it was well. The truth is that these apparently acute attacks in some cases get well in an incredibly short time and in others persist.

DR. POLLAK found in his experience that cocaine will expel blood from the superficial blood vessels. The conjunctiva will get pale in a minute. It acts in the same manner on the Schneiderian membrane. In iritis the congestion of the conjunctiva depends upon the deeper vessels, which are not so easily influenced. The effect, however, is only temporary, as Dr. Williams says, and cocaine is an anesthetic only.

DR. LOVE simply wanted to say that although the anemia may be only of brief duration, the application may be repeated. If it reduces the size of the blood vessel, it must be astringent. Any anesthetic or anodyne is not only palliative but curative, and produces anemia by its astringent action.

DR. POLLAK wished to call attention to the fact that cocaine has been lately used with success in litholapaxy. A half ounce of a solution was injected into the bladder and the stone crushed and evacuated in one hour. The patient suffered no pain.

—The Southwest Missouri Medical Society will hold its Eleventh Annual Session in Springfield, Thursday and Friday, April 23, and 24, 1885.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Regular Semi-monthly Meeting, March 16, 1885, Dr. Curtis T. Fenn, Second Vice-President in the chair, Dr. Liston H. Montgomery, Secretary.

DR. D. R. BROWER read a paper on

LOCOMOTOR ATAXIA—ITS DIAGNOSIS AND TREATMENT IN THE PRE-ATAXIC STAGE.

He stated that Locomotor Ataxia is the most frequent affection of the spinal cord. The pre-ataxic stage, although easily recognized, is usually overlooked as the result of a hasty diagnosis, during which the disease is curable if appropriate treatment of this condition is instituted, but the patient gradually drifts into the second or ataxic stage. Then the derangement of the nervous system is so manifest that a mistake in the diagnosis is hardly possible, and the patient falls into the hands of a specialist in diseases of the nervous system only to be told that he is beyond the possibility of a cure.

The elements that enter into the diagnosis of the pre-ataxic stage, therefore, are of momentous importance, and are:

1. Sensory disturbances—lightning pains.
2. Disturbances in patellar-tendon—reflex.
3. " pupillary "
4. " vesical "
5. " sexual condition.
6. " gastric function.
7. " mental action.
8. " muscular function.

The first three are the most valuable diagnostic points.

In referring to the sensory disturbances, such as pains of a peculiar character, spots of hyperesthesia and anesthesia in the lower extremities that are sudden, severe and transitory, the former are like electric shocks, violent blows, stabbing with knives, or burning hot irons, compelling on the part of the strongest men, violent outbursts of emotional disturbance. The pains are often localized in spots upon the surface that a silver dollar will cover; they may last a few hours and then disappear as suddenly as they come, returning usually in other spots after an absence of a few months or years. They sometimes are situated deeply in the soft tissues or bones of the extremities, at other times they are not localized, but present all the appearances of ordinary neuralgia, and again in some cases the pains are entirely absent.

The condition of the reflexes constitute the most valuable aids to diagnosis in this dis-

ease. The patellar-tendon reflex is diminished or lost, there may be exceptional cases where the knee jerk is present normally, but the writer has never as yet observed this, and thought in such cases the sclerosis must have commenced above the lumbar enlargement. This reflex is probably absent in two per cent of healthy persons. We must therefore know that the person under examination once possessed a normal knee jerk to enable us to draw any pathological significance from its absence, and the ordinary method of eliciting contracture of the quadriceps femoris by tapping the ligamentum patellæ when one knee is crossed on the other is not sufficient.

The reflex being absent the next question to establish is the integrity of the muscular structure of the quadriceps femoris, which can be determined with electricity and mechanical stimulation. If the muscle has a normal response to faradization or responds by contraction to a tap over its surface, the muscle is healthy, and the sign is diagnostic.

Regarding the pupillary reflex, this is diminished or lost. The iris may be contracted equally, or one pupil is dilated or normal and the other contracted, but the loss of reflex action to the stimulus of light, and the absence of dilatation of the pupil on stimulus applied to the surface of the neck and this loss of reflex accompanied by a normal condition in efforts at accommodation, is the most striking symptom. The pupil will dilate in a strong effort at distant vision and contract in a powerful effort at close vision. Another common ocular disturbance is temporary double vision; this may last only a few hours, disappear, and return in a few months, or it may continue a few days and not again appear. Color blindness is also very frequent, the ability to distinguish red and green being first lost.

The vesical reflex at the beginning of the pre-ataxic stage is variable, usually the bladder is irritable but this soon gives place to diminished reflex acuteness, and instead of a frequent desire to micturate, the patient slowly drifts into a condition quite the opposite so that there may be no demand for the performance of this function oftener than twice in twenty-four hours. This condition is accompanied with diminished muscular tone of the bladder walls, so that there is difficulty experienced in starting the act, and the stream instead of being projected forcibly forward, falls abruptly or simply dribbles, and the patient is often unable to determine when the act is finished, and must use his eyes to determine it.

The sexual condition of the pre-ataxic stage is first one of irritability, but is soon replaced by a diminution of all desire and capacity for intercourse which may in turn be followed by nocturnal emissions.

Gastric disturbance in the pre-ataxic stage is manifested by attacks of violent nausea, persistent vomiting and pain. The writer cited a case he had under observation where gastric trouble had been the only prominent symptom for five years; the patient during all this time had been treated for a variety of gastric derangements. The attacks recur at intervals varying from a few weeks to a few months, the patient also has dilated pupils with loss of patellar-tendon reflex and occasionally has attacks of lightning pains.

The mental condition is usually altered in the pre-ataxic stage, the patient has fits of melancholy, he becomes morose, irritable, timid, very emotional, will shed tears on the least provocation, loses, for a time at least, his interest in business and to a certain extent his usual ability in business transactions.

The muscular system in this stage is weak. There is no ataxia, but there is a sense of weight and weariness in the limbs with difficulty in going up stairs. The condition is quite like that experienced in neurasthenia.

The foundation for the successful treatment of the pre-ataxic stage of this disease is rest, absolute, positive and prolonged.

The recumbent posture should he maintained for several months.

This proposed idea in the treatment is an innovation, but it is based upon the scientific fact generally recognized that a diseased organ should have its functional activity reduced to a minimum quantity. Hence this principle applies with equal force to the spinal cord, for rest, accompanied as it is with diminution of nutriment activity of nerve fibers and diminution in the caliber of the blood-vessels, must be antagonistic to the pathological process that has begun. But it is necessary to maintain (as Dr. Weir Mitchell has taught us in his treatment of hysteria) the greatest activity of general nutrition and prevent wasting of the muscles. The judicious use of massage and passive movements will enable us in a case of locomotor ataxia to replenish the muscular system in the recumbent posture.

The diet should be of the most nutritious character; cod liver oil and the syrup of the hypophosphites are often of great service.

The condition of the enunctories should also be constantly attended to.

Electricity in the form of the galvani current of mild intensity used after the method of general galvanization daily is of service,

and will by its alterative and tonic properties assist in modifying the pathological process. The electrode applied to the spine should be large. The electric brush with the faradic current to the back and lower extremities will, by reflex action, assist in breaking up the morbid condition as well as maintain a more healthful condition of the parts during the treatment of rest. Syphilis is probably the foundation of almost every case of locomotor ataxia, as the writer quoted from authors who had positive evidence of the power of this factor in developing the disease.

In his experience in the cases that came under his observation, he was sure the treatment of the primary and secondary symptoms of that disease was not energetic or sufficiently long continued and was therefore without doubt a predisposing cause of locomotor ataxia. To guard against the danger of locomotor ataxia mercury and iodide of potassium should be used boldly, and their use should be continued at least two years after the development of the primary sore of syphilis, so that their combined forces may drive out every germ of the specific trouble. If development of the disease has begun, then antiphlogistic remedies must be used, mercury should be pushed to a point short of salivation, and the iodide of potassium given in dram doses three times a day, or in larger amounts if it can be tolerated by the patient. Iodide of sodium, while not so efficient a remedy, is often better tolerated. Effervescing Vichy salt is a desirable correction for these large doses of iodide of potassium and mercury. In cases that are non-syphilitic or do not improve under energetic antiphlogistic treatment, argenti nitrate may be given with advantage in doses from gr.$\frac{1}{4}$ to gr. $\frac{1}{2}$ combined with some excipient that will not decompose it. It is to be administered before meals. One of the wants of success attending the use of argenti nitrate is due to the difficulty of getting it into the blood without decomposition.

The writer has used hypodermically with satisfaction the hyposulphite argenti and found it to be non-irritating, a grain and a half being used daily until ninety grains have been administered. Another drug of undoubted value is ergot, in fluid dram doses, three or four times daily.

Cold bathing in a temperature of 65° F. to 70° F. is also of service, while hot baths are highly injurious; strychnia should be avoided.

The writer then cited histories of a number of cases wherein he had pursued the above plan of treatment, some of whom recovered entirely from the ataxy, others where lost functions have been regained except possibly the patellar tendon reflex. A number of the latter were reported as being so nearly well as to resume work or business.

In the Discussion

Dr. H. Gradle inquired whether the pre-ataxic symptoms may not be another disease, or whether these symptoms may not really be due to a separate disease? The speaker then recited the first case on record where Laundolt in 1875 or 1876 stretched the sciatic nerve, that resulted in curing the patient of locomotor ataxia, who was a man that subsequently died of some other disease. Upon examination of the spinal cord, this with the posterior roots of the zones were found healthy.

Dr. G. C. Paoli stated that but few cases of stretching the sciatic nerve for any form of difficulty resulted in recovery or benefit to a patient. Regarding syphilis as being the most frequent cause of the disease, his own experience did not accord with the views set forth in the paper. Duchenne has said that masturbation is the cause of the greatest number of cases and that he was the first writer to announce this. And from his own observation he believed this to be true. Where, for instance, a person will commence this practice when young and continue it for a long time, the person that does this is liable to be stricken with the disease. Among the first symptoms that he had noticed were exhaustion of the nervous system, muscular fatigue, with little or no pain. Syphilis no doubt is a cause of the disease where a subject has not been previously properly treated, and the improper use of mercury may produce it. So, too, does it occur in the lower stages of society where people live in damp, illy ventilated apartments. To give iron in abundance in this disease will produce irritation of the mucous membrane of the alimentary canal. He thought, however,it should be given in light doses with iodide of potassium and follow the methods suggested by the writer of this paper.

Dr. R. Tilley.—The subject of the pre-ataxic stage is an important one. It may extend over a period of 30 years and it is therefore difficult to determine whether this is another disease or not. So far as the literature on this subject is concerned he thinks syphilis is mentioned as by far the most frequent cause in the majority of cases. One of the symptoms that was not mentioned by the writer is the difficulty a patient has during the pre-ataxic stage of walking backward. In the case of a lady that he treated some time ago, having incipient locomotor ataxia, one pecu-

liar symptom attending her was that when she stooped forward she had to keep her eyes open. Nor could she stand still or stand erect unless she kept her eyes open. Regarding the inability to distinguish green or red in the early stage, this does occur. The speaker corroborated the statement that hot baths immensely disturbed the process of curing these cases; and with a Turkish bath there would be experienced the same difficulty, for a patient would lose consciousness while in the hot room where the bath was being had. The speaker did not think taking too much mercury caused the disease.

Dr. Brower stated that he had never seen a report of Laudolt's case referred to by Dr. Gradle, but had heard of the case through others. Whether it was a case of locomotor ataxia he was not prepared to say, and, if so, whether there was perfect regeneration of the roots of the zones; where there are marked reflexes, degeneration of the roots of the zones will follow. There is much uncertainty in the pathology of the disease. Some regard it as a neuritis, others as of cerebral origin. He regards it as a sclerosis of the posterior roots of the zones. Regarding masturbation as a cause of organic disease he cannot agree with Dr. Paoli in this and thinks it produces functional disturbance instead. Relative to the phenomena and difficulty a patient experiences in walking backward he thinks this is exceptional and that there is no inco-ordination of muscles. The speaker closed by stating that one of the principal points in his paper that he mentioned in the treatment of the pre-ataxic stage was to him an innovation, viz., long continued rest either in the lateral or dorsal position.

Empyema, Paracentesis and Drainage.

Dr. E. F. Ingals read a paper having this title. After referring to the methods of operating with the aspirator needle, free incision and sudden evacuation of pus, the exsection of one or more ribs, etc., he stated that a large ratio of fatal cases, where the radical operation had been made, is due to the operation itself in some of its forms. This however must not be taken as an argument against any operation, for recent statistics show that much a larger percentage of cases do now recover that have been operated upon by better methods than if left to themselves.

A good result will more frequently follow an operation that will enable us to empty the cavity slowly, and at will, and simultaneously keep the cavity thoroughly disinfected. Aspiration will not meet these requirements completely in many cases, therefore a radical operation for free drainage must be made. Yet it is best to precede a radical operation by aspiration, withdrawing the pus several times if necessary, in order that dilatation of the lung and contracture of the chest walls may proceed to such an extent that all the fluid may be removed at one time without causing a distressing sense of compression of the chest and suffocation. When this has been accomplished a few days should be allowed for the cavity to partially refill. Then the operation for permanent drainage should be made. To secure proper drainage, and prevent the loss of drainage tubes in the pleural cavity, the tubes should be prepared as follows. A piece of the best rubber tubing two feet long nearly a quarter of an inch in diameter with a caliber of an eighth of an inch should be selected. This is cut half through near its middle so that when folded the two pieces are fastened together at a point about one and one-half inch from the cut with a silk suture which is tied on the inside of the perforated tube. This suture keeps the tubes in the same relation to each other and thus prevents one of the annoyances incident to the use of drainage tubes that are not so fastened. One portion of the tube should be perforated about an inch from the cut, and the other portion in several places extending from near the cut three or four inches along that portion which is to hang within the chest. As a matter of convenience, the outer ends of the tubes are tied tightly so that pus will not escape through them while they are being introduced. The length of the tubes should be recorded so that we may know subsequently just how far they extended into the cavity. The difference in the length of the two tubes enables us to know in which one there are several perforations, a matter of importance in the subsequent treatment. Immediately before the operation an aspirator needle or a hypodermic syringe may be tried again to avoid making an opening when adhesions have bound the pleural surfaces together and to insure an entrance into the cavity. An incision should be made through the skin about one-fourth of an inch long through which a broad flat trocar is plunged into the pleural cavity sufficient to allow the easy passage of the two drainage tubes, which should then quickly as possible be introduced into the cavity to the required depth, the canula is, of course, withdrawn and the tubes left *in situ*. By careful manipulation entrance of air will be prevented and the tissues will contract closely about the tubes. A piece of sheet rubber about three inches square with two small openings near the center is then slipped over the tubes down to the chest wall,

where it will act as a valve to prevent the ingress of air in case the tubes should become loose. In addition to these precautions to secure the tubes perfectly a section of the same tubing half in inch long, through which have been tied two loops of strong cord, are slipped over each tube, with the aid of a canula, these are carried down close to the chest-wall and slipped off on the tubes which they fit so closely that slipping is impossible. Long strips of adhesive plaster are then passed through the loops and around the chest, which thus places the tubes perfectly under our control. Over the whole is placed a bandage between the folds of which hang the drainage tubes, which are then opened and long pieces of glass tubing are attached. The pleural sac is then washed out with a two per cent solution of carbolic acid at 101° F., first through one tube, and then through the other, until the cavity is clear. After this procedure, the ends of the tubes are folded upon themselves and tied so that they are hermetically sealed. Subsequent cleansings should be made two or three times a day. The physician need not call oftener than two or three times a week after a day or two, to assure himself if necessary of any change in the injection to secure speedy obliteration of the cavity. In the meantime the washing out of the cavity may be done by friends, or by the patient.

In two weeks time after the operation one of the tubes may be left open, hanging in a bottle which the patient carries in his pocket. In cases of long standing, in addition to the above method, resection of one or two ribs may ultimately be necessary to cause complete closure of the pleural sac, and the patient's chances are greatly enhanced to recovery by adopting the first method. The operation for introduction of drainage tubes and other methods just described possess the following advantages:

1. It may be quickly and easily performed without an anesthetic.

2. It enables us partially or completely to empty the chest, being governed by the effect it produces upon the patient.

3. It is free from one great risk incident to free incision into the chest, viz.: As a result of the sudden evacuation of pus and the free entrance of air many patients die from the operation within a few hours.

4. Air may be excluded from the cavity for several days if care is used, or at most but a few bubbles may enter if the tubes are opened under water.

5. The drainage tubes are held securely and cannot slip into the chest.

6. The opening is closed so snugly as to almost wholly prevent the discharge of pus, except through the tubes, thus enhancing the comfort of the patient.

7. As a nurse may readily cleanse the pleural cavity, the subsequent treatment is rendered much simpler and easier than where a free opening has been made.

8. In chronic cases where resection of a rib or of portions of several ribs may be necessary, this is the best possible preparation of the patient for that operation.

9. Eighty per cent of the patients operated on in this manner will recover.

REMARKS.

Dr. James E. Taylor, of New York, was invited to participate in the discussion, and after being introduced to the president and members,he stated briefly: That he had heard the paper read, alluded to by the writer, that appeared in the New York Medical Record He then recited a case that he had been called to attend where the patient, a man, was cyanosed, who also had all the symptoms of empyema. But one course seemed to present itself and that was to use a trocar and canula; four quarts of pus was evacuated. The patient got along so nicely that in a few days time he was able to go on a journey of 300 or 400 miles. Then in ten days the operation was repeated and he subsequently recovered. Dr. Taylor believed the loss of drainage tubes to be of great gravity, as they were difficult to find in the thorax.

DR. TILLEY referred to the jacket arrangement *i. e.*, lacing a jacket in the treatment of this difficulty for the purpose of compressing and supporting the chest wall.

DR. H. J. REYNOLDS inquired: Between which ribs is it best to operate?

DR. INGALS thinks "lacing" has the same effect or rather is analogous to tightening a bandage on the abdomen which will relieve to a certain extent. Relative to the case alluded to by Dr. Taylor, sudden evacuation of pus in these cases does not always act so nicely as he had stated, and oftentimes it is necessary to remove pus by a slow method, by aspirating the chest first. It is usually best to operate between the sixth and seventh or between the latter and the eighth ribs; the opening should be made "high-up" instead of "low down" the chest.

At the conclusion of the discussion on the above subjects Dr. C. G. Davis read a lengthy paper on

"HYPNOTISM."

The writer said many functional disturbances of the nervous system had always been sources of mystery. A peculiar condition of

the nervous system known at various times and designated by various writers as mesmerism, electro-biology, clairvoyance, animal magnetism, odylic or odic force, neuro-hypnotism, etc., has, as far back as the history of mankind extends, attracted the attention of the scientific mind and excited the wonder of the seekers after the mysterious and supernatural. The writer then reviewed the customs in olden times when it was claimed individuals cured diseases by this mysterious power. He said pretenders have risen from time to time who have used the phenomena for deception and from mercenary motives. After alluding to the theory of animal magnetism and classifying Mesmer as a charlatan, the writer asks: Now, what is hypnotism? Much has been said and written on this subject. At one time the popular tide of belief in its reality ran high. And again the waves of skepticism have swept over it and for a period almost hid it from view. But to-day we may consider it as having been tested in the scientific crucible, thoroughly established and well worthy the attention of the medical profession.

The subject may be considered a piece of mechanism of peculiar construction, capable of certain unusual conditions and movements which only wait the bidding of the operator to be set in motion. Hypnotism in many respects resembles somnambulism. The writer had observed that the somnambulist has usually yielded most readily to an effort to produce the hypnotic condition. In both somnambulism and hypnotism we find the individual performing what we may term unconscious cerebration. There is to a certain degree, undoubtedly, a temporary suspension of the controlling inhibiting power of the cortex. Whether this disturbance of the nervous equilibrium betwen the various encephalic centers is purely dynamic in its character, vaso-motor or partially both, is not yet fully determined. However it is almost impossible to conceive of any organ of the body engaged in its functional activity without an increased supply of the blood. Dr. Davis was inclined to believe that the vaso-motor condition plays an important part. How may hypnotism be produced? It is an admitted fact that all persons are not equally liable to the hypnotic condition. With a sensitive subject, a prolonged stimulation of any sensory nerve in close proximity to the brain together with a concentration of the attention on one idea, is usually sufficient to bring about the condition within a few minutes. By a prolonged stimulation of the sensory ganglia some portion of the cerebral hemispheres becomes as we suppose exhausted, possibly anemic. We shall better be able to describe this condition, when our physiologists are more prepared to answer the question, what is inhibition? From observation and experience, we arrive at the conclusion that hypnotism is a fact, an unusual physiological condition brought on by a perverted action of certain parts of the encephalic centres. It affords a rich field for investigation, and in the hands of skillful men so powerful a method of influencing the nervous system should certainly be utilized for remedying disease. The German physicians, as is the case in many other avenues of medical thought, have probably done more than all of the rest of the medical world in establishing hypnotism as a therapeutic remedy.

Dr. Berger, of Jena, has reported a number of cases of spasmodic trouble and of hysterical mania relieved by putting the patient into the hypnotic sleep. Dr. L. E. Fischer also reported similar cases in 1873. Dr. Creutzfeldt, assistant to Professor Preyer, reported cases cured in the same manner. The statement has occasionally been made that only individuals possessing a diseased nervous system were capable of entering the hypnotic state. This the writer did not believe; however he was inclined to the opinion that every living being is to a certain extent capable of being hypnotized, there being of course a wide difference as to susceptibility. M. Brismond has recently made a large number of experiments on soldiers and sailors from 14 to 26 years of age, and proven positively that the phenomena of lethargy, catalepsy and somnambulism may be periodical in healthy, non-hysterical people (Med. Record, March 22, 1884.) We also know that by the prolonged stimulation of some sensory nerve we are capable of producing a condition similar to hypnotism in many of the lower animals. The writer stated that he had often produced this when a boy (for his amusement) in chickens, dogs, cats, etc. By means of the sphygmograph, the myograph and pneumograph, hypnotism is proven. It stands out as a scientific fact, and is full of rich resources through which we may study more closely the psychology, and physiology of the human brain. Every year finds the scientific world in possession of new facts illustrating the wonderful influence which the mind has over the body.

Following the reading of the paper, Dr. Davis introduced three subjects illustrating the cataleptic, somnambulistic and lethargic conditions of hypnotism. In each case the

pulse was found to be considerably accelerated a very short time after the patient had entered the "trance" state. The cataleptic subject's limbs were perfectly rigid, remaining wherever they were placed. They could be moved very little and invariably recoiled to their original position when the force of the operator was expended. It was thought that there was a material difference between the subject in hand and other "cataleptics." The three subjects while under the strange influence obeyed every command of the operator. One imagined himself to be an Italian organ grinder, while another little fellow played monkey and gathered the pennies. The third stalked around the room and invited every one to imbibe; money was no object to him, as his name was Vanderbilt. One of the three was told to open his eyes and look at the ghost of George Washington, and the expression and cries of terror were so realistic, that if he was feigning his place is on the boards among the tragedians. He cowered and quaked in a corner in a most pitiful way.

An animated discussion ensued in which Dr. W. E. Clarke and Dr. Paoli denied the scientific value of the exhibition.

Dr. H. N. Moyer, Dr. H. J. Reynolds, Dr. A. H. Tagert, Dr. J. J. M. Angear and others spoke in a convincing manner that there must be some truth in this; the subjects if they were "professionals" would not certainly be presented by Dr. Davis, an honored member of the society.

Dr. Davis claimed that hypnotism contains the germs of scientific truth. Any one who says there is nothing in it only acknowledges that he is ignorant of the subject and has not studied the literature on it. He was not afraid to stand before the world and investigate anything he may find anywhere on earth; he did not claim to account for the hypnotic phenomena, but he did claim for it—pure science.

—In the principal metropolitan cities the rates of mortality per week per 1,000 of the population, according to the latest official retnrns, were:—Calcutta 35, Bombay 28, Madras 49, Paris 27, Geneva 25, Brussels 25, Amsterdam 29, Rotterdam 31, The Hague 28, Copenhagen 30, Stockholm 35, Christiania 26, St. Petersburg 32, Berlin 22, Hamburg 29, Dresden 24, Breslau 32, Munich 25, Vienna 28, Prague 26, Buda-Pesth 29, Trieste 45, Rome 26, Turin 30, Venice 41, Madrid 47, Lisbon 38, Alexandria 35, New York 25, Brooklyn 24, Philadelphia 25, Baltimore 23, Dublin 35, Edinburgh 21, Glasgow 33, London 24, Liverpool 27.

CORRESPONDENCE.

NEW YORK LETTER

New York, March 26, 1885.

Editors Review: Dr. W. Gill Wylie on Monday evening read before the County Medical Society a very interesting paper entitled "A Simple and Effective Surgical Operation for Incomplete Laceration of the Perineum." The doctor lays particular stress upon the importance of restoring the integrity of the deep pelvic fascia and pubo-coccygeal muscles in order to insure permanent support after a perineorrhaphy. Instead of the old clover leaf operation he denudes all the surface between the clover leaves, making a surface, when on the stretch, which extends from an inch and a half to an inch and three-quarters up the canal it representing a square with its superior angles extended a little into the right and left forices. The doctor uses silver sutures inserted a very short distance from the edge of the denudation.

The sutures are given an acute angle posteriorly by pressing them back in the middle line of the denuded surface. This facilitates a more accurate apposition of the surfaces. The wound is irrigated with a weak solution of the bichloride, the sutures twisted, and iodoform is thoroughly dustes over the surface. The patient is allowed to urinate without the use of the catheter, it being his experience that the continued use of that instrument is attended with considerable harm to the bladder. The doctor always stretched the sphincter ani to prevent any undue tension. Another very good point practiced by the doctor is to pass the index finger of the left hand into the rectum and assure yourself that the deep pelvic fascia and muscles are being taken up by the sutures. It has been our good fortune to have repeatedly witnessed the doctor's operations in Bellevue Hospital, and we have been highly pleased with the success and results of his cases. The doctor's claim of superiority of this operation over others is its simplicity over Emmet's modified operation and as being more permanent in its results than other operations.

Dr. J. B. Hunter in discussing the paper said that for many years he had avoided denuding any tissue beyond the mucous membrane.

He believed also that there was of late a tendency to ignore the perineal body which was a most important part to be considered. He had experimented with a great many different kinds of sutures and had now limited himself to catgut alone, which proved very successful. Dr. Dawson said that he believed it the duty of the operator to restore the perineum and not make

an artificial one. He only denudes a very small surface and only uses two sutures which are inserted quite a distance from the edge of the denudation.

Dr. F. A. Castles said that he thought that in many cases if the excessive abdominal tension was relieved and the intestines kept free from flatus it would make but little difference whether the patient had a perineum or not. The doctor very jocosely remarked that on account of the multiplicity of names which had been given to this operation, such as horseshoe denudation, clover leaf, etc., it might be well to designate Dr. Wylie's method as "Dr. Wylie's fig leaf" operation.

Dr. Ira Russell recently delivered a paper before the Medico-Legal Society on "The Increase of Insanity." He held that it was due to excessive strain of the nervous system arising from rapid living. He claims that a great deal of insanity is brought to our country through immigration, statistics showing that one-third of the insane persons in this country are of foreign birth. Young men, too, have not the same chance of attaining the object of their ambition as in former times. The division of labor he considered to have a great effect mentally and physically upon the laborer. "Forty years ago a shoemaker had something to look forward to; now day after day he remains in the same position, using the same muscles, and doing the same work." Speculation also he considered to have been a great element in increasing insanity.

The report of the Eastern Dispensary shows that nearly 23,000 patients have been treated at an average expense of 23 cents for each person treated. Besides three salaried physicians who visit outside of the dispensary there are sixteen attending physicians who give their services.

Through the efforts of Dr. Cyrus Edson twenty thousand pounds of meat unfit for human food have been seized and sent to the offal dock.

A number of cases of typhus fever have occurred in the city who escaped quarantine. The sanitary authorities are not a little exercised over this, as these cases came over with a hundred other passengers who are distributed now throughout the city and are liable at any time to be taken down with the disease. J. W.

ACUTE ALBUMINURIA DUE TO SCARLATINOUS INFECTION, THE SYMPTOMS OF SCARLATINA BEING ABSENT.

LIVONIA, IND., March 24, 1885.

Editors Review: Ori F., æt. 13, white and of scrofulous habit, was seen Aug. 13, a few minutes after having recovered from the characteristic symptoms of nuremic convulsion. The face was cyanosed and suffused with perspiration, pulse weak and compressible, respiration slow and sighing, jugulars turgid and prominent, and the pupils dilated to the utmost did not respond to light. She had been rational until the occurrence of the convulsion, when she became comatose. When asked as to her condition, she appeared dazed and answered incoherently. She complained of nothing but headache. On rising in the morning there was headache, malaise and loss of appetite with a slight puffiness of the loose cellular tissue beneath the lower eyelid.

Failing to eat the regular morning meal, she retired and was alone until the family was called to her bedside by a slight shriek at the beginning of the convulsion. The children of the family in which she lived, three in number, were either sick with or convalescent from scarlatina, and her symptoms were regarded by the family as the prodromes of this disease. However, there was not at any time present any of the characteristic symptoms of scarlet fever, as sore throat, cutaneous efflorescence or elevation of temperature, though she had never been the subject of the disease. It was noticed that on her linen, the urine, voided unconsciously during the convulsion, having dried, left a glazed appearance and albumen was suspected. A small amount was drawn and the tests for albumen applied which gave the reaction. On examination a slight degree of general dropsy was found to exist and in a marked degree in the lower extremities. This dropsical condition increased during the continuance of the convulsions, which was about forty-eight hours, when it began decreasing and had almost disappeared at the end of ten days. Albumen continued in the urine in varying quantities for two weeks and the urine was never voided except during a convulsion. Coma continued more or less profound until the convulsions had disappeared and there ceased to be albumen in the urine. The diagnosis of acute albuminuria due to scarlatinous infection, the symptoms of scarlatina being absent, was made from the following facts:

1. She had never been the subject of scarlatina.
2. She was subjected to scarlatinons infection.
3. Albumen was abundant in the urine, giving rise to its peculiar phenomena.
4. There was never present any of the characistic symptoms of scarlatina, such as sore throat, elevation of temperature or cutaneous efflorescence. This diagnosis is warranted by Dr. Flint, in his admirable work on Theory and Practice of Medicine and by others. The plan of treatment pursued was: First, To secure vicarious elimination of urea through the skin and intestinal canal

by such diaphoretics as jaborandi and the administration of saline cathartics repeatedly though circumspectively. Second, To diminish the renal inflammation and stimulate the kidney to functional activity by the use of hot fomentations and the internal use of the acetate of potassium and digitalis, this latter remedy acting as a good heart tonic. Third, The administration of chloroform in the interval to forestall and during the paroxysm to lessen the severity of the convulsion. WILL. J. PURKHISER, M. D.

TREATMENT OF PNEUMONIA (IDIOPATHIC.)

ST. AUGUSTINE, ILL., March, 1885.

To the Editors Weekly Medical Review:

The treatment of pneumonia is a matter in which I have taken very much interest in the past few years. My plan of treatment, when called to a case of pneumonia, is first to give a dose of calomel followed by a saline cathartic. I then order cinchonia in four grain doses every wo hours from first to last. In addition I order the patient sponged in cool water once or twice a day and hot cloths applied to the chest. For the short hacking cough I usuelly give the following:

R.	Fl. ext. wild cherry, - - -	oz. j,
	Fl. ext. ipecac. - - - -	drms ij.
	Tartar emetic, - - - - -	gr. j.
	Morphine, - - - - - -	gr. ij.
	Simple syrup, q. s. - - -	oz. viij.

M. One tablespoonful to be administered every two or three hours.

With this plan of treatment I find that all ordinary cases will terminate favorably in eleven days. By giving the alkaloid from first to last we will have the tongue free from a brown fur; it will be moist and more natural. The skin instead of being hot and dry will be moist; the cough that is always so annoying will not be so troublesome.

One would say you should blister in a certain stage of the disease. Well, perhaps, if our patient is not suffering enough a blister would be proper. But never as yet have I seen a patient benefited from such heroic treatment, but his sufferings are invariably intensified. I cannot understand how a fire on the inside can be put out by kindling one on the outside. In the Mississippi Valley, 99 per cent of the cases of pneumonia require quinine in some form. Yours respectfully,

GEO. F. HILTON, M. D.

—The Illinois State Board of Health will hold its next meeting at the Grand Pacific hotel in Chicago, on Thursday, April 16, 1885. This is the meeting at which the annual examination of candidates for certificates is held, and such candidates are notified that the examination will cover the subject of preliminary education.

*A SIMPLE PALLIATIVE IN SUPRA-ORBITAL NEURALGIA.**

MILLERTON, Kansas, Feb. 25, 1885.

Editors Review: It is my misfortune to suffer occasionally from supra-orbital neuralgia. It usually assumes the periodical form known in common parlance as "sun pain," beginning in the fore part of the day and declining again toward evening. For its relief various palliative and curative remedies have been used, including quinine and morphia internally, and occasionally hypodermic injections of morphia at the point of pain. Quinine hardly ever gives relief under two days, and hypodermics leave for several hours an unsightly bump on the forehead. Recently while taking a long drive, I was seized by a sudden attack of my old tormentor. Sharp friction over the eyebrow with the palmar surface of the fingers completely relieved the pain in five minutes. There was not the usual return of the trouble next day. Before applying the friction the pain had continued about half an hour; a sufficient length of time to indicate that it was not a mere passing twinge. Respectfully,

J. M. LATTA, M. D.

*Reproduced from No X.

ITEMS.

—Patent Disinfecting Candle! ! !—Some one in England according to the Brit. Med. Jour. has invented a patent disinfecting candle. The said candle it is reported emits fumes of carbolic acid. The English surely are developing that love of being humbugged for which we as Americans are said to have a proclivity.

—The cholera is said to have reappeared in Toulon.

—Extraction of Teeth.—Dr. N. J. Hepburn, of New York, communicates to us the following method for the painless extraction of teeth. It has been used in some portions of Europe for a long time, with great satisfaction:

Dilute the tincture of cannabis indica made from the purified extract, with from three to five parts of warm water. Rub this over the gums with the finger for a short time, and then dip the warmed beak of the forceps in it before their application to the tooth.—Independent Practitioner.

—A Cremation Society has been organized in Buffalo.

—We learn that L. M. Findley, 2926 Franklin Ave., St. Louis, is prepared to furnish koumiss at all hours.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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TREATMENT OF TENESMUS.—The Med. and Surg. Rep. comments: There are two symptoms which, though occasionally accompanying grave diseases, are often met with in mild affections, but exceedingly annoying to patients. These symptoms are tenesmus of the rectum and tenesmus of the bladder (recti et vesicæ). In many cases of diarrhea, especially during the warmer season of the year, the symptom, of which the patient really complains, is the frequent desire to evacuate the bowels, accompanied by a peculiar spasmodic condition of the sphincter ani. Again, in catarrhal conditions of the bladder, also mostly prevalent during the summer, when the main symptoms are a frequent desire to micturate and a painful smarting sensation during the act, a very similar tenesmus seizes the neck of the bladder, and often is almost unbearable to the patient. Happily these symptoms—the tenesmus in both cases—are not apt to endure long, but as long as they do last they are a torment to the individual suffering from them.

Heretofore we had to be satisfied either with the causal treatment of the underlying disease—the diarrhea or dysentery in the one, the catarrhal inflammation or the specific urethritis in the other case—or with the local application of heat or of anodynes, the latter in the form of suppositories if the bowels were the seat of the lesion, or in that of injections if the bladder was the organ affected.

Recently Dr. J. Bettelheim (Wiener Med. Presse, 1884, 45,) has tried the new local anesthetic, muriate of cocaine, in a severe case of tenesmus of both rectum and bladder, and the result was very favorable and prompt, though not of more than a few hours' duration. Still, in the milder cases mentioned, where the tenesmus forms the symptom for which the patient consults the physician, a transient action would be all that is necessary to insure success; and if the action of the cocaine in such cases can always be relied upon, on that one account alone the addition of the drug to our pharmacopeia would be a boon to many a sufferer. The solution employed in B's case was the usual 2 per cent one.

F. TH. VON FRERICHS.—The foremost of German pathologists and clinicians died in his 66th year, on March 14, at Berlin. He is especially well known for his writings on diseases of the kidneys and the liver. He completed his twenty-fifth year as a clinical teacher at the Berlin University only last year and on that occasion gave to the world an exhaustive treatise on diabetes. Frerichs was a representative of the exact methods in medical investigation and was eminent alike as student and teacher.

ANTIPYRINE.—We commend the paper of Dr. James E. Newcomb, that is published in this and the preceding number to the especial attention of our readers.

SYPHILIS AND THE DEPOPULATION OF FRANCE.—The members of the Académie de Médecine have recently held several long debates upon the subject of the depopulation of France. The depopulation of France, M. Fournier said, was due to two causes: a low birth-rate and a high death-rate among infants. Physicians could do little to affect the former, but in lessening infant mortality there was an opportunity for work. M. Fournier thought that there was a large and increasing amount of syphilis in France, partic-

ularly in Paris. The result of this was sterility or high infant mortality. Among one hundred children born of syphilitic parents sixty-eight died. M. Fournier urges renewed efforts in the prevention of syphilis, and the adoption of some measures to prevent the marriage of syphilitics.

Carl Theodor Ernst von Siebold.—This eminent representative of a celebrated family of medical men died a few days ago, aged 80 years. He occupied academic chairs at the universities of Wurzburg, his native city, of Erlangen, Freiburg, Breslau and Munich. He was an authority in comparative anatomy.

A Simple Expedient in the Managemene of Strangulated Hernia.—Dr. S. H. Hurd, of Long Branch, N. J., writes the Medical Record: "Under the above caption Dr. C. A. Stewart, of Chicago, calls attention in the Record to a simple expedient he has resorted to successfully in five cases of strangulated hernia after taxis had failed. It consisted in dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening, and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year I called the attention of the members of our County Society to this plan and its happy results in several cases.

"One of my patients referred to was sixty-eight years of age, and several unsuccessful attempts had been made to reduce the hernia. I had made every preparation for surgical interference, and the patient was anesthetized, when Dr. Green, of this city, attempted it by the above method and succeeded. The effort, though, was prolonged, and much patient and persistent pressure was made upon the fibres of the constricted ring before they yielded. This they ultimately did, but not by the 'gentle pressure' Dr. Stewart speaks of. An attack of peritonitis followed the reduction, but the patient made a speedy and happy recovery. Two similar cases treated by the same simple method, with no untoward symptoms following, warrant me in underscoring this 'simple expedient.' The first case occurred five years ago, and I do not report it with a view of establishing any priority of claim, but rather as a confirmation of the practice or plan recommended."

Illinois State Sanitary Survey.—In connection with the Sanitary Survey of the State and the House-to-House Inspection, now being prosecuted under direction of the State Board of Health with reference to the probable appearance of Asiatic cholera in this country the Board has just issued a circular-letter No. VI, addressed to County Clerks, and requesting that the work of getting the public institutions into sanitary condition be completed with as litte delay as possible. Much work of this character was done during the past summer and fall, in response to the circular-letter of the Board issued in July last. But, in addition to what remained to be done when cold weather suspended operations, there must since have accrued, in many cases, accumulations of filth and refuse which should now be promptly removed; defects in plumbing, drainage and sewerage, disclosed during the winter, should be repaired; and the effects of the occupancy of dormitories, workshops, wards, cells and other apartments should be remedied by a thorough spring cleansing.

The officers in charge of almshouses, jails, and all other public buildings under control of the County Board, are notified to commence this work at once. Very much that requires to be done—scrubbing, whitewashing, removal of garbage and refuse, the emptying and disinfection of vaults and cesspools, the opening up and cleaning out of drains, sewers and ditches—can be performed by the employes and inmates of the institutions.

Especial attention should be given to the location and condition of privies and water-closets at these places, as also at court houses and elsewhere. Vaults should be emptied before warm weather makes such work dangerous, and then be thoroughly disinfected with sulphate of iron (copperas). Where these vaults are within fifty feet of any source of water-supply—well, spring, pond, lake, or running stream—their further use should be abandoned, and, after being emptied, they should be disinfected and filled up with clean, dry earth—one of the best disinfectants. The new vault should not be less than fifty feet from the nearest water-supply; should be water-tight; ventilated by a four-inch shaft, opening above the roof; the contents should be kept inoffensive by the use of some cheap disinfectant; and the building and its surroundings should be kept in the cleanest attainable condition. Where practicable the substitution of the earth-closet system for the subterranean vault-storage is recommended. In either case the frequent removal of the contents, and their safe disposal, by use as fertilizers, are necessary sanitary measures.

The source of the water-supply, and its storage and distribution, should be carefully inquired into; and all possible causes of pollution should be removed. A pure water-supply is of the first importance to health under all circumstances; but among numbers of persons living under the conditions which obtain in county institutions, its importance is increased. Epidemics of diarrhea and dysentery may be caused by impure water; while typhoid fever and Asiatic cholera are spread more commonly through the water-supply than in any other way.

These remarks and suggestions will indicate the character of the work which the Board considers it desirable should be accomplished before warm weather sets in, not alone through fear of cholera, but in the interest of public health, and, consequently, of true economy.

A similar circular was recently issued to railroad managers setting forth that the spread of Asiatic cholera is due oftener to the pollution of the water-supply than to any other one cause. There is no commoner mode of such pollution than through foul, badly constructed and improperly located privies and waterclosets. The disease, in this country, being always due to importation, and its spread being, most commonly, by persons traveling from place to place, it follows that railway privies and water-closets are especially exposed to the danger of cholera infection. In view of these facts it is requested that all such places in connection with stations, freight-houses, shops and round-houses be at once inspected and put in good sanitary condition.

Responses have been received from nearly all the roads, and one of the most important lines has already completed the work indicated along the entire extent of its road.

Alveloz for Cancer.—The Washington correspondent of the New York Medical Journal writes to this paper under date of January 26, 1885. that a new, and perhaps, not an indifferent successor to cundurango has sprung up in alveloz, a new South American plant recommended as a cancer cure. Our consul at Pernambuco forwarded to the State Department a sample of the drug, with the statement that several cases of alleged cancer had been cured by its application. Unlike cundurango, which was an alleged internal remedy for cancer and syphilis, alveloz is an external application. Its mode of operation is similar to that of jequirity. A profuse suppuration follows its application to a granular surface. On receipt of the medicine, it was turned over to the Marine Hospital Bureau for trial. A portion of the drug was given to Dr. Smith Townshend by the Surgeon-Genéral, for use in a case of lupus of the nose, near the angle of the eye. This case was of nearly forty years' standing, and had resisted all previous treatment. The ulcer was cured within a few days, and the patient was exhibited by Dr. Hamilton at a recent meeting of the medical society. Dr. Hamilton stated that he had under observation an undoubted case of epithelioma of the

face, and that, at a future meeting of the Society, he would report the result. He was not sanguine as to the virtues of the drug, but it had certainly done well in the case of the lupoid ulcer.

THE INHALATION OF DEFIBRINATED BLOOD. —The Medical News refers to a procedure of very doubtful merit, as follows: In view of the bad results which follow the ordinary methods of transfusion of blood, and of the great tolerance of the respiratory organs to foreign fluids, and the rapid absorption of the latter, Professor Fabrini, of Palermo, calls attention, in the Centralblatt fur die Medicinische Wissenschaften, No. 9, 1885, to what may be termed pulmonary transfusion. The fluid employed consists of twenty parts of bullock's blood, and eighty parts of a three-fourths per cent watery solution of chloride of sodium, in which the red corpuscles preserve their normal properties for a long time. Inhalations of about three ounces and a half of the mixture, through the medium of an ordinary spray apparatus, do not excite coughing, nor do they bring about any perceptible alterations in the circulation, respiration, or the temperature, and auscultation shows that the mixture is rapidly absorbed.

Fabrini has resorted to this novel method of transfusing in cases of oligemia with the best results, as indicated not only by the improvement in the general condition of the patient, but also by the increase in the relative number of the red corpuscles, and in the quantity of hemoglobin. These results are stated in a general way, and not supported by details of cases. Hence, more extended trials will have to determine the value of the method.

PENETRATING WOUND OF THE POSTERIOR WALL OF THE STOMACH—SUTURE AND RECOVERY.—G. Tiling, in the St. Petersburger Med. Wochenschr., (Amer. Jour. Med. Sc.) reports a case of penetrating wound of the posterior wall of the stomach, with the following history:

Man, aged 19, received, while at supper, a direct thrust of a knife, producing a diagonal wound four-fifths of an inch long, an inch to the left side of the linea alba, and nearly three inches above the umbilicus. From the wound a portion of the omentum protruded. While suturing the wound, one hour after the injury, the patient vomited great quantities of chyme of a reddish color, and finally about a pint of pure blood, which later on happened again. Laparotomy was then performed, an incision about six inces in length having been made along the linea alba. A great quantity of blood escaped from the abdominal cavity, but no chyme was mingled with it. No wound was discoverable on the anterior wall of the stomach, but after a long search a diagonal wound was discovered in the left gastro-colic ligament, through which the finger could be introduced into the omental bursa. On feeling the posterior smooth wall of the stomach a slight inequality was discovered; further investigation showed this to be a wound through which the mucous membrane of the stomach protruded. The wound was two inches above the greater curvature of the stomach.

The mucous membrane was replaced and the muscular walls united by three silk sutures, and the peritoneum closed by four of Lembert's sutures. Owing to the collapse of the patient thorough cleaning of the abdominal cavity was impossible, and the abdominal wound was closed as soon as possible. The patient received for the first five days milk by the mouth. There was no fever, and recovery took place without interruption.

In addition to the interest attached to the case, and the results attending the operation, it is still further worthy of note, because confirming, with all the exactness of direct experiment, the opinion now commonly held, that when the stomach is full, its greater curvature turns forward. It is proven that the posterior wall of the stomach may be injured and the anterior remain intact. The favorable termination of the case is to be explained by the fact that the contents of the stomach escaped by the mouth, and did not enter the peritoneal cavity through the wound.

How to Cure a Felon.—The following in the College and Clinical Record by C. C. Gratiot we give for what it is worth. An opportunity to try it may present itself at any time]. It is a method that is a modification of the familiar, old Irish "Soap and Sugar" cure.

"One day in July, 1883, after returning from a call in the country, I found a gentleman waiting in my office to consult me about a felon that was giving him great pain, upon the index finger of the left hand. While waiting for me he had picked up one of my medical journals, and read an article entitled "How to Cure a Felon." My patient asked me to try it on him. I advised him to let me make a free incision down to the bone, believing it the only course to pursue that amounted to anything in the treatment of paronychia. As he was a little timid, and insisted on my trying the other plan, I consented. The mode of treat ment is this, and I quote the writer's own words: "Take common salt, roasted on a hot stove until all the chlorine gas is thrown off, or it is as dry as you can make it. To a teaspoonful, and also a tea spoonful of pulverized castile soap, add a tea spoonful of Venice turpentine, mix them well into a poultice and apply to the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, preent a hole down to the bone, where the pent-up matter was before your poultice brought it out. If the felon has been cut open or opened itself, or is about to take off the finger to the first joint, no matter, put on your poultice; it will stop it right there, and in time your finger will get well, even if one of the first bones is gone. Of course, it will not restore the lost bone, but it will get well soon."

So far as my faith went in the treatment of a felon in that way, I never would have tried it. My patient came back to me in four days, with pain and throbbing all gone, and with no tenderness or swelling. Upon removing the poultice there was a round hole down to the bone, discharging a bloody, thick pus, such as I have sometimes seen come from acute ulcers. He stated that after the first application of the poultice, about eight hours after he left my office, he suffered no more pain; in three days more he was almost entirely well. This induced me to determine to try it on other felons that I might be called upon to treat; and from July until the middle of October a great many felons occurred among the farmers, caused by the frequent handling of pitchforks in making hay, and in stacking and threshing grain. Suffice to say I tried it on seven cases of felon, and it never once failed me. It is simple in preparation, and the soap and salt are always at hand, which with a few cents' worth of Venice turpentine will make many poultices. The cases in which I used it got well more rapidly and suffered less pain, and the finger regained its normal condition more quickly, than after incision or any mode of treatment I had ever previously adopted."

Persistent Hiccough Cured by Jaborandi.—Dr. Pagenstecher(Bulletin Général de Thérapeutique, reports a case of persistent hiccough cured in six days by a decoction of jaborandi after all other remedies had failed to exert any effect. The intervals between the attacks gradually became less, the contractions of the diaphragm varied from sixteen to twenty, thirty and forty per minute; the pulse was very variable, ranging from 100 to 120 to 60 or 70. Respiration was frequent, averaging about 24 per minute. The patient was haggard, and during the last three days had not eaetn for fear of vomiting.

During the progress of the disease, no remedy exerted any influence whatever. Finally faradization was tried and seemed at first to give good results. Improvement was, however, but temporary, and became worse. As a last resort jaborandi was tried. A decoction of the leaves was made, and its administration was followed by its prompt therapeutic action. Perspiration continued about two hours, and at the end of that time the hiccough had dissappeared.

The therapeutic action of the drug is ex-

plained by Dr. Pagenstecher, by supposing that perspiration produced a molecular transformation in the phrenic nerve and the tissues adjacent, which enabled the nerve to resume its normal function.

Treatment of Sprains.—According to M. Marc See (Revue Médicale), there are two indications in the treatment of sprains: 1, To provoke rapid absorption of the fluid effused around and within the joint; and 2, to favor cicatrization of the torn parts by immobolizing the articulation. Now, the modes of treatment hitherto in vogue do not fulfil these two indications. Massage would seem to present some real advantages, but it can be of little service in the case of severe sprains, and mild injuries would probably do as well under rest alone. M. Sée advises an elastic bandage, the depressed parts being covered with a layer of cotton so as to prevent too great pressure over the prominence, and thereby causing sloughs. This bandage acts like massage in promoting absorption and also secures mmobility of the joint. It is of equal service in sprains complicated with rupture of points of insertion, whereas massage would be productive of harm in cases in which splinters of bone were torn away.

Sawdust as an Absorbent.—Dr. L. S. Pilcher thus writes in the New York Medical Journal of sawdust, and we see no reason why it would not make an excellent hospital mattress.

"In this cheap and despised material we have likewise a very superior substance for making absorbent wound-dressings. Compared with the other wood preparations that have been introduced—*i. e.* wood-wool and wood-flour—I think it is to be preferred, for it is practically as absorbent, and is much cheaper and more readily obtained. The fact that as an absorbent it answers all practical purposes, while it can always be obtained, and with little or no expense, leads me to think that it is destined to become the most universally used of all dressing materials in general practice. There was a hope that in absorbent cotton a most desirable and generally available agent for wound-dressings had been found, particularly as it was easily impregnated with various antiseptic substances. But although unequaled as a protective and compressing agent, it has failed as an absorbent material. My observation is that only a limited layer of the cotton, immediately adjacent to the wound, absorbs, and that this quickly forms a crust which retains the discharges beneath it, or prevents their further escape from the wound. In this I have been repeatedly disappointed in its use, and balked in my efforts at the drainage of wounds. For this reason I would reject it altogether as an immediate dressing, and reserve it only for external protective purposes. But even here it can be supplanted by quilted cushions of sawdust at a tithe of the cost. The dust obtained from soft and absorbent wood, as white pine, poplar or bass-wood, is desirable, if it can be obtained. It should be quite fine, and, if necessary, should be passed through a sieve, to separate the coarser particles. It absorbs more readily and evenly if it is a little moist when applied, and for ordinary purposes it may be moistened to advantage with a dilute solution of corrosive sublimate, 1 to 1,000, at the time of using. The corrosive sublimate, of course, soon decomposes when thus mixed with the sawdust, and can not be depended on for maintaining a prolonged aseptic condition of the dressing. For this reason a sawdust dressing if long retained, after becoming in some degree filled with wound-secretions, will become sour and smell unpleasantly. This may be obviated by mixing in with the sawdust, already dampened with the corrosive sublimate, a small amount of naphthalin, and a dressing so prepared may be retained for a prolonged period without becoming a source of danger or offense.

The sawdust is to be made up into pads or cushions, with purified and absorbent gauze. This prepared gauze is simply the ordinary cheese-cloth of the shops, which has been boiled in dilute solution of caustic soda or of potash for several hours, then repeatedly rinsed, and finally dried. This should finally

be immersed for a few minutes in the corrosive sublimate solution before it is used. With these means pads and cushions of any size may be made, from two inches to half a yard square, having a general thickness of about one inch, the sawdust being prevented from shifting by occasional through-and-through stitching or quilting with thread."

Chlorate of Potassium.—Dr. J. von. Mering has carried on, in Hoppe-Seyler's laboratory, an elaborate experimental investigation into the physiological, therapeutical and toxicological actions of chlorate of potassium. According to the Boston Med. and Surg. Journal, he finds that the salt, under the influence of carbonic and probably of other acids, is decomposed in the system with the gradual liberation of chloric acid, which tends to reduce the alkalinity of the blood; and in this lies the key to the right understanding of the action of the chlorate. The author discriminates between acute and subacute poisoning by the chlorate. In acute cases, such, for instance, as the result from administration of one large dose of the salt, death results in the course of a few hours from decomposition of the blood, with symptoms of severe vomiting, profuse diarrhea, intense dyspnea, cyanosis, and profound cardiac depression. On section, there is found a chocolate-brown color of the blood, while the organs generally, especially the kidneys, are relatively little altered in appearance. The blood contains the stored-up products of its decomposition (methemoglobin, etc.). With a less acute form of poisoning death results, not simply from accumulation of oxidation-products in the blood, but from an accumulation of these in the organs, especially the kidneys, leading to the occlusion of the tubules, scanty urine, and uremia. The following symptoms and appearances are observed: grayish-violet petechiæ, icterus, accumulation of hemoglobin in the blood, changes in the red corpuscles, dyspnea, and cardiac depression; gastro-intestinal disturbances, such as profuse diarrhea and severe vomiting, the vomited matter being generally greenish black; and enlargements of the liver and spleen. Functional alterations in the kidneys, such as anuria, occur, the scanty, turbid urine having a reddish-brown color, and exhibiting the spectra of methemoglobin and hematin, and being also highly albuminous. It also contains numerous detritus-masses of red blood-corpuscles, in the form of dry cylinders or brownish-yellow flakes. Uremic complications, such as delirium, coma, severe vomiting, tonic and clonic convulsions, and rigidity of the limbs, are observed. The subjective phenomena are headache, anorexia, tenderness of the stomach on pressure, pains in the hepatic and lumbar regions, intense oppression of the chest, and a feeling of extreme weakness. Post-mortem examination reveals the characteristic chocolate hue of the blood and the presence of methemoglobin in it; but sometimes these phenomena are absent, especially when the patient has long survived the administration of the poison, or when the necropsy has been delayed for several days. Spleen, liver, and kidneys are considerably enlarged, and filled with the accumulated brown products of destruction of the red blood corpuscles. The greatest alteration is observed in the kidneys, in which both the straight and convoluted tubules are filled with brownish masses, partly cylindrical, partly irregular in shape. The osseous marrow is brown, and contains numerous decomposed blood-corpuscles. The gastric mucous membrane is swollen and ecchymosed.

While the majority of instances of poisoning by chlorate of potassium (cases in which icterus and scanty secretions of reddish-brown urine occur) terminate fatally, this has not been invariably the case. A chronic poisoning by the salt is incredible, and it has been observed that the prolonged ingestion of small doses has been followed by no injurious results; but the condition of the stomach, whether empty or full, and the degree of alkalinity of the blood, greatly influence the result. The use of the chlorate in febrile affections where there is subnormal alkalinity of the blood, is to be avoided; and the author emphatically condemns, as espe-

cially dangerous to life, the internal use of the salt in large doses in the treatment of diphtheria. The author gives the following as the maximnm safe doses, when the use of salt is not contraindicated: for adults, thirty-grain doses, with a daily maximum of two drams; for children, aged ten to fourteen years, one dram daily; for children, aged one to ten years, thirty to forty-five grains daily; and for infants, not more than fifteen grains daily, always given in divided doses.

Pathology of Cystitis.—According to M. Hache (Revue de Chir., No. 4.—London Medical Record,) lesions of the bladder and irritation applied directly to its wall and mucous membrane do not constitute a necessary and sufficient cause of cystitis, except in case of vesical tuberculosis, or of the presence of a rough and irregular shaped foreign body. The causes capable by themselves of constantly determining inflammation of the bladder are very rare. Beyond tubercular cystitis, and other forms of cystitis due to some general morbid condition—as, for instance, those of rheumatic, gouty, and infective nature, which are not of frequent occurrence—there cannot be included in the above category scarcely any save severe accidental or surgical traumatisms of the bladder, and too sudden and complete evacuation of this organ after over-distension. Gonorrheal urethritis does not often give rise to cystitis, except under the influence of some occasional cause or in a predisposed subject. Most of the predisposing causes act quite simply by determining a more or less persistent congestion of the bladder; others have a more or less obscure mode of action, although their influence is very decided. Chief amongst these predisposing causes are the tubercular, rheumatic, and gouty diatheses. These predisposing causes may sometimes become exciting causes by increase, extension, or repetition of their action or through association with that of latter other causes of the same group. These causes are congestion and slight inflammation in neighboring organs,especially in the female; tumors, calculi, and foreign bodies in the bladder; complete retention of urine, with or without distension; habitual resistance to the needs of micturating, and all the causes of dysuria and functional over-activity of the bladder; stricture and foreign bodies in the urethra, hypertrophy of the prostate, etc. Finally, the part of exciting cause is more especially played by sudden and complete retention, by cold, by catheterism or exploration of the bladder. The latter cause can act only on a bladder predisposed by the presence of a tumor or calculus; the other two causes are more active, and may even by themselves suffice to excite an attack of cystitis. M. Hache's study of the pathogeny of cystitis has led him to insist on the importance of congestion and diathetic influences, especially the tubercular diathesis, and on the relatively limited part played by lesions of urethra and prostate.

A Case of Successful Nephrectomy.—The notes of this case appear in the Pacific Medical and Surgical Journal and Western Lancet. The patient, R. W., æt. 34, a charcoal-burner, came under Mr. H. Morris' care in the Middlesex Hospital, San Francisco, suffering from the usual symptoms of stone in the right kidney. An exploratory operation was undertaken after admission, a thorough examination of the kidney being made, both digitally and with a fine sharp exploring needle, but with no result, no stone being discovered. The operation seemed to be followed by relief. The patient was discharged in three weeks much improved. On resuming work lumbar pains and hematuria again appeared,and he was re-admitted into hospital. Mr. Morris again operated, cutting down upon the kidney from the loin, the incision being three inches in length, a transverse incision being subsequently made about two inches in length, to secure a sufficiency of room for exploration purposes. Again a most careful examination, both digital and with the needle, was made, but no stone could be detected. Feeling sure that one must be present, Mr. Morris removed the kidney; after removal, a stone weighing 70 grains was found

imbedded in one of the calyces in the upper portion of the organ. This stone was of the uric acid variety, jagged and irregular, and covered in places with phosphatic deposit. After the operation the patient did well. The wound was dressed with lint steeped in ol. terebinth, and covered with carbolized gauze and protective dressings; a long drainage tube, placed in the wound, was allowed to pass through the dressings, and to discharge into gauze charpie. There was but little pain, easily allayed by morphia suppositories. Only on the evening of the second day did the thermometer rise, when it reached 101°; after this temperature and pulse were fairly normal. The wound healed rapidly without any complication, and the patient left the hospital in ten weeks after operation perfectly well. Since then he has been entirely free from pain, and his urine has been normal in the amount passed, and void of albumen. The case illustrates the power of one kidney taking on the whole renal function and stress of excretive power, for during the last week of the patient's stay in hospital, the urea secreted was normal in amount.

Retraction of Testicle into the Abdomen.—The following is from Dr. J. B. Hamilton, Surgeon in the English army, and published in the British Med. Jour: Private J. N., a well-developed and healthy young soldier, 21 years of age, was brought to hospital a few weeks ago, complaining of a painful swelling in the right groin. He stated that, when riding "bare-backed" that morning, the horse suddenly plunged and threw him on to the withers; he at once felt a most sickening pain in the groin, and had to dismount and report himself sick.

On examination, an oval tumor could be felt in the right inguinal region, which gave no impulse on coughing, but was exceedingly tender to the touch. An inspection of the scrotum revealed the fact that the left testicle was *in situ*, but the right was absent. The man stated positively (and this is confirmed by the medical history-sheet) that, previously to the accident, both testicles were in their proper position. An attempt was made to "reduce the dislocation," but without effect, as the pain was so severe the man could not endure the necessary manipulation. I then ordered him to be placed in a warm bath and to have a dose of tincture of opium, with directions to endeavor to push the testicle into the scrotum when the parts became relaxed. In the meantime, the man had to go to stool, and, on his giving a sudden bend to the left side, the testicle slipped up into the abdomen, and, when he was next examined, it could not be felt in any position.

The man was threatened with an attack of orchitis, which if it had taken place in the abdomen, might have been most serious; but, having been kept in bed, and given small doses of calomel and opium every few hours, with fomentations to the abdomen, the pain subsided, and he recovered.

Private J. N. was kept under observation for some weeks, and was then discharged to duty as a tentative measure; but shortly afterwards he reported himself sick again, and stated that, when lifting a sack of corn, the testicle came partly down, and gave him great pain. He is now well again, and has been sent to dismounted duty. His condition now is this. The left testicle is in its normal position; the right cannot be felt, the scrotum at that side having been tightened up till it has almost disappeared. The right external ring is very patent, and the finger can be passed up in the inguinal canal, but there is no impulse on coughing, nor any tendency to hernia.

The question now is, what is the best treatment to adopt? Several courses are open; the first and simplest, to apply a truss; the second, to perform an operation, as if for hernia, with a view to occluding the canal, and preventing the return of the testicle. If, however, the testicle should come down again, it might be possible (under chloroform) to get it into the scrotum, and to keep it in its place by means of a truss, or even by occluding the canal by passing threads across it, and exciting sufficient inflammation to close it; this was successfully done, some

years ago, by Surgeon-Major Staples, in the case of an Indian wrestler, who had accustomed his testicles to remain in the canal, to prevent their being grasped by his opponents. This man was desirous of getting married, but his future father-in-law would not give his consent till his testicles were in their proper position; in despair he appealed to Mr. Staples, who succeeded in exciting inflammation in the canals, and preventing the retraction of the testicles upwards.

If the testicle of the present patient come down into the canal, and cannot be induced to return into the scrotum, it is a question whether it would not be advisable to remove it, as undoubtedly a movable testicle, passing in and out of the abdominal cavity, will be a great source of danger, in case it should be injured, or suffer from acute inflammation. I have put forward these remarks in the hope that some other surgeon, who may have met with a similar case, will give me the benefit of his experience.

Sodium Ethylate in Lupus.—At a recent meeting of the Medical Society of London, Mr. Startin showed several cases of lupus vulgaris which had been completely cured by the application of sodium ethylate (Med. Press and Circ.). It will be remembered that Dr. B. W. Richardson drew attention to the value of this substance in the treatment of mucous polypi nasi in the Asclepiad, and it has been employed with considerable success in a large number of cases of disease. In one of Mr. Startin's cases the lupus growth had involved the alæ of the nose and the adjacent cheeks to a considerable extent. Another case exhibited at the same time was almost entirely cured by erosion and careful scooping out of all the lupus tissue, only two operations having been required to effect the result.

Examination of Students for Medical Degrees.—We should like to know, but fear the information will for a long time remain among the unpublished history of American Medical Colleges, the percentage of students which the various medical faculties of the United States have ever dared to refuse to graduate. It is simply impossible for men, say from forty to two hundred, taken promiscuously to present themselves yearly for any examination without having amongst them quite a percentage whom any impartial board would be obliged to recognize as below the requisite standard. Certainly the examination for the right to practice medicine can form no exception to this general rule and yet we feel that we should be perfectly justified in saying that not three per cent. of the candidates for medical degrees in America are ever "plucked." In contradistinction to this, however,we learn from the British Med. Jour. that at the matriculation examination, University of London, the number of candidates during 1884 was 1,794 and the number of those who passed was 993; that is to say, nearly 45 per cent failed. If we take the total number of candidates and passes since the foundation of the University in 1838, we see that the number who failed has been nearly 44 per cent. These seem large numbers until we turn to the reports of the College of Preceptors, presented to the General Medical Council about a year ago; these reports show that 264 candidates were examined in September, 1883, and 230 in March, 1884; of these 494 candi- 357, or over 72 per cent. failed! To make matters even worse, the examination in March adds, that "the nnmber who failed in four or more subjects shows that a large proportion of the candidates were wholly unprepared for the test of any serious examination." Nearly 20 per cent. failed in four or more subjects, and, at the examination in September, 12 per cent "were reported for defective spelling."

Vesical Disturbances in the Early Stages of Locomotor Ataxy—In a recent contribution (Jour. de Med., No 11, 1884, Brussels) Dr. Jacquemart, of Paris, describes certain urinary symptoms which may sometimes occur in a very early stage of locomotor ataxy. It has already been pointed out by Fournier, and also by Guyon, that

locomotor ataxy may commence insidiously in certain vesical disturbances; and that the subjects of this disease are often at its commencement affected with symptoms that might impose on the medical attendant, and lead him to suspect some decided and severe lesion of the urinary passages—as, for instance, cystitis, calculus, or stricture. The symptoms of morbid condition of the urinary organs vary much in form. The most frequent symptom, according to Fournier, is sluggishness of the bladder without retention. The urine cannot be passed save with considerable effort, and the patient has often to wait long for the appearance of the stream. This symptom is observed most in the early morning. In some cases the patient complains of the micturition being prolonged and frequently excited, and sometimes of the stream being suddenly arrested. Incontinence is also a frequent symptom. This differs in character from the incontinence due to organic disease of the bladder, as it is essentially intermittent, takes place usually at night, and is always partial and incomplete. A third class of disturbances consists in frequent desire to micturate, and painful spasm of the bladder or vesical colic. Another morbid condition, though much less frequent than the others, is vesical anesthesia. It is held by Dr. Jacquemart that, when the medical attendance observes such vesical disturbances the etiology of which cannot be made out, he ought to suspect tabes, even in the absence of any marked symptom of this nervous affection. Again, where the vesical disturbance co-exist with any of the ordinary symptoms of ataxy (abolition of patellar reflex, visceral crises, ocular disturbances), tabes should be diagnosed, even in the absence of any decided disorder in the co-ordination of movements.

Treatment of Venereal Diseases in New York.—A correspondent of the Canada Medical Record writing from New York says:

We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle containing a gallon of warm water is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run ad libitum. I think that the longer this is kept up and the oftener it is performed the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous "pil. duo," which consists of one grain of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercurythe symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in the hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.

—Antiseptic Silk. — Freeman uses Chinese twist which has been rendered aseptic by boiling for ten minutes in a two-per-cent. solution of chromic acid, and then soaking for twelve hours in a one-per-cent. solution of the same. He states that the sutures may be left *in situ* for three weeks without the occurrence of either suppuration or softening of the silk. Silk thus prepared is especially useful in operations about the genital organs in women, as well as in laparotomy.

CONTRIBUTIONS.

ON ANTIPYRINE, WITH NOTES ON SOME CLINICAL RESULTS ATTENDING ITS USE IN TYPHOID FEVER.

BY JAMES E. NEWCOMB, M. D.

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[CONCLUDED.]

With such credentials the remedy came to us and we were nothing loath to test them by our own experience, which was confined to eight cases of typhoid fever. At the Roosevelt Hospital we had no routine plan of treating this latter disease. Symptomatic indications were met as they arose. In regard to antipyresis our measures were varied. We used quinine, cold packs, cold sponging, the full length graduated bath (Liebermeister) in a portable tub wheeled from bed to bed and finally antipyrine. Our experience with the latter was on the whole more satisfactory than with any of the others. In New York,as doubtless elsewhere, we have a class of hospital patients who, on admission are manifestly suffering from the effcts of some essential fever, and yet it is impossible at the time to say whether the latter is a simple remittent or a mild typhoid. In such doubtful cases, we began with full doses of quinine. This would quickly subdue the disease, the former variety being present. If the case really was typhoid, as afterwards made out, its course was not at all affected by our medication and the antipyresis was very slight. With our cases given the full length bath, the mortality was large, but then these were the most severe ones we had. Cold sponging yielded fairly good results, but was futile in some cases of hyperpyrexia. It is needless to say that the temperature is the only indication for treatment in this disease. It is not. Nature is attacked from many other quarters, but the words of Thomas in regard to fever following ovariotomy are strictly applicable here. "Our hope is to rob these diseases of one of their chief weapons of destruction, hyperpyrexia, and thus to resist the primary assault in the hope of bearing up against a more prolonged though less violent siege." A few brief notes concerning our own cases are herewith given.

CASE I. German female æt. 19.; admitted Sep. 20; sick for two weeks. On next morning, temperature 106.8° (rectum). Cold sponging and packing had at times a good and at times a bad effect on the general condition. She remained about the same with hyperrexia till the 29th. Muttering delirium with feeble pulse was present, and the prognosis was regarded as exceedingly grave. On the evening of the 29th, at 8:30 p. m., pulse 104, respiration 30, temperature 104°. (This and all subsequent temperatures are rectal). Fifteen grains of antipyrine in thirty minims of water were given hypodermatically in the middle of the outer aspect of the right thigh. At 9:30 pulse 128, respiration 27, temperature 103.4°; dose repeated. At 10:30 pulse 132, respiration 27, temperature 102.3°; half the dose given, in all thirty-eight grains. At 12 P. M., temperature 101.6°, pulse and respiration about the same.

Sep. 30, 8 A. M. Temperature has not risen since midnight; is now 100°; patient is perfectly rational and feels better; some pain on pressure at site of injection but no inflammatory signs; relief from lead and opium compress. The fever from this time did not require treatment till Oct. 2, 2 P. M., temperature 103.1°; thirty grains by mouth statim and again an hour later. At 5 P. M., temperature 100°; some sweating but no eruption.

Oct, 3, 6 A. M. Temperature 103°; thirty grains by mouth; vomited an hour later.

Oct. 4. Temperature not over 101° since last note. At 6 P. M., 103°; thirty grains as before and fifteen one hour later. At 9 P. M., temperature normal; sweating continuing, no eruption. Oct. 6, 4 P. M., temperature 103; reduced as before. After this the pyrexia required no treatment as it never reached 103°,which was our maximum limit indicating the exhibition of the remedy. The sweating in this case was not weakening or disagreeable. The patient from the general severity of the disease was greatly debilitated and made a slow recovery; finally discharged cured, Dec. 2.

CASE II. Irish male 23, admitted Nov. 11; prodromic symptoms began three weeks before; on admission pulse 95, respiration 20, temperature 103°; antipyrine as before and with about the same results on the general condition. A slight chill occurred during the use of the remedy, but it seemed rather the precursor of a slight pulmonary complication which lasted some ten days. Sweating was profuse, but not weakening; no eruption. Recovery.

CASE III. Irish male 24, admitted Oct. 31; prodromata of two weeks' duration; on admission pulse 108, respiration 36, temperature 104.4°. Thirty grain doses easily held the fever at 103°, the effect generally lasting over six hours.

Nov. 2, 8 A. M. Temperature 105.8°; thirty

grains at 12 M., 103·4°. Profuse sweating, no eruption. Recovery.

CASE IV. German male 21, admitted Oct. 26, taken sick a fortnight ago; on admission 9 P. M., pulse 120, respirtion 28, temperature 104°. Fifteengrains. 10 P. M., pulse 120, temperature 100.8°.

Oct. 28. 9 P. M., Temperature 104°, same dose; 10 P. M., temperature 102.6°.

Oct. 29. Temperature remains about the same and is not affected by antipyrine. Symptoms of collapse. Death next day. Sweating was moderate; eruption wanting.

CASES V and VI. German female and Irish male respectively; fever easily controlled, sweating, no eruption. Recovery.

CASE VII. Irish male, æt. 28; hyperpyrexia not controlled by cold sponging. A dram of the remedy in two or three doses scattered over the twenty-four hours kept the temperature below 103°. Sweating, but no eruption. Recovery.

CASE VIII. German male 21. Fever, if untreated 104° and over. Fifteen grains concontrolled it over the twenty-four hours; dripping perspiration; eruption wanting. Recovery.

In other New York hospitals the remedy has been used and in acute diseases other than typhoid. The collective results do not differ materially from those of our German confréres. The conclusions we feel justified in drawing are these:

1. We have in antipyrine a remedy which will reduce temperature quickly and decidedly. After a dose of thirty grains the fall may amount to four degrees in as many hours; the effect lasts from four to twenty-four hours.

2. The pulse and respiration are practically unaffected, except in some cases the vascular tension is increased.

3. Sweating generally follows the administration of the remedy. It is sometimes profuse but does not seem to weaken the patient or render him uncomfortable. The sweat itself has no peculiar physical properties.

4. An eruption is sometimes noticed. Its nature is erythematous. Rarely does desquamation follow.

5. Antipyrine does not in any way rival quinine as an antiperiodic or tonic.

6. It must be used carefully in depressed states. Untoward effects have resulted from its use.

7. It is easily administered and generally retained. It is about fifty per cent more expensive than quinine.

In regard to its future influence on mortality in disease, we can do no better than to quote the words of Rank. He says: "We hope that the fanatic of antipyresis who wages the onset against this one symptom, will finally be brought to the conclusion that therapy has a far weightier task than the production of infractions as deep as possible in the temperature curve. Whether the antipyrine treatment is in a position to lessen the dangers which threaten fever patients, can scarcely be answered, as long as we do not know how far the symptom (the subjection of which this method of treatment arrives at) is on the whole of deadly influence on the system."

EMPYEMA—PARACENTESIS AND DRAINAGE.

BY E. FLETCHER INGALS, A. M., M. D.,

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Read before the Chicago Medical Society, March, 16, 1885.

A new interest in the various methods of operating for the cure of empyema has been awakened by a recent article in the New York Medical Record, on the loss of drainage tubes in the pleural cavity.

The methods of operating which have, from time to time, been recommended, have probably originated in surroundings peculiar to some individual case, and each may possess advantages, though not universally applicable. However, between the simple but usually inefficacious operation with the aspirator needle and the exsection of one or more ribs, there are methods which afford great advantages in a large percentage of cases, and it seems to me that the best of these is one which I have followed for several years.

Aspiration alone will cure a limited number of cases; a free incision is likely to cure a large percentage of those who survive the shock incident to the operation, [See Transactions of Illinois State Medical Society for 1877.] and the sudden evacuation of pus with its consequent disturbance of the circulation; but there is no doubt in my mind that, for the large ratio of fatal cases, where the radical operation has been made, the operation itself, in some of its forms, is responsible. This opinion is in accord with the statistics given by Loomis, who says that 20 per cent of those in whom the opening takes place spontaneously recover, while only 12½ per cent of those recover who have been operated upon. This, however,

must not be taken as an argument against any operation, for recent statistics will show that a much larger percentage of cases recover, who have been operated upon by the better methods, than of cases left to themselves.

A good result, I believe, will more frequently follow an operation that will enable us to empty the cavity slowly and at will, and, at the same time, keep it thoroughly disinfected. Aspiration will not meet these requirements, excepting in a very few cases, therefore a radical operation for free drainage must be made.

Having decided on this, I believe it always best to precede the radical operation by aspiration, withdrawing the pus, several times, if necessary, in order that dilatation of the lung and contracture of the chest walls may proceed to such an extent that all the fluid may be removed at one time, without causing a distressing sense of compression of the chest and suffocation. When this has been accomplished a few days should be allowed for the cavity to partially refill, then the operation for permanent drainage should be made.

In order to secure proper drainage and prevent the loss of tubes in the pleural cavity I prepare my drainage tubes as follows:

I select a piece of the best rubber tubing, two feet long, nearly a quarter of an inch in diameter, with a calibre of an eighth of an inch. This is cut half through near the middle, so that, when folded at the cut, one end will project an inch beyond the other. When folded the two pieces are fastened together, at a point about one and one-half inches from the cut, with a silk suture, which is tied on the inside of the perforated tube. This suture keeps the tubes in the same relation to each other, and prevents one of the annoyances incident to the use of drainage tubes that are not so fastened. One portion of the tube should be perforated about half an inch from the cut, and the other portion in several places extending from near the cut three or four inches along that portion which is to hang within the chest. As a matter of convenience the outer ends of the tubes are tied tightly so that pus will not escape through them while they are being introduced. The length of the tubes should be recorded so that we may know subsequently just how far they extend into the cavity. The difference in the length of the two enables us to know in which one there are several perforations, a matter that is often of importance in the subsequent treatment.

Immediately before the operation the aspirator needle or a hypodermic syringe may be tried once more, to avoid making an opening when adhesions have bound the pleural surface together, and insure an entrance into the cavity.

My mode of operating is to make an incision through the skin about one-fourth of an inch long, through which I plunge a broad, flat trocar into the pleural cavity. This trocar is broad enough to allow the easy passage of the two drainage tubes. As the stilet is withdrawn the pus follows in a full stream through the canula, but it is instantly stopped with the thumb, until the drainage tubes are picked up. The thumb is then removed, the tubes pushed rapidly into the cavity to the required depth, the canula is then withdrawn and the tubes left in position. Thus not more than an ounce or two of pus will escape, and the tissues will contract closely about the tubes, preventing the entrance of air.

A piece of sheet rubber about three inches square, with two small openings near its centre, is then slipped over the tubes down to the chest wall, where it will act as a valve to prevent the ingress of air, should the tubes become loose.

In order to secure the tubes perfectly I then slip over each, with the aid of a canula, a section half an inch long, of the same tubing, through which have been tied two loops of strong cords. These are carried down close to the chest wall and slipped off on the tubes, which they fit so closely that slipping is impossible. Long strips of adhesive plaster are then passed through the loops and around the chest, and thus the tubes are perfectly under our control. Over the whole is placed a bandage, between the folds of which hang the drainage tubes, and the dressing is complete.

After completing the dressing I open the tubes, attach longer pieces by means of bits of glass tubing, and wash out the pleural sac with a 20 per cent solution of carbolic acid at 101° F., first through one tube and then through the other, until the cavity is clean, being careful to exclude air. After the washing the ends of the tubes are folded upon themselves, and tied so that they are hermetically sealed. Subsequent cleansings should be made two or three times a day, and very soon this may be done by the friends or by the patient.

In these cases the physician is seldom required to make visits daily for more than one or two days, thereafter calling only two or three times a week to assure himself that all is going well, and to make any change in the

ection that he may deem necessary to secure speedy obliteration of the cavity. A couple of weeks after the operation one tube may be left open hanging in a bottle, which the patient carries in his pocket.

After having done this operation many times it seems to me, that in recent cases, no treatment could be more satisfactory, and in those of long standing where resection of the ribs may ultimately be needed, to cause complete closure of the pleural sac, I believe the patient's chances are greatly improved by first adopting this method.

In the majority of cases I think it possesses the following advantages over other methods.

1. It may be quickly and easily performed without an anesthetic.

2. It enables us to partially or completely empty the chest, being governed by the effect upon the patient.

3. It is free from one great risk incident to free incision into the chest, viz: As a result of the sudden evacuation of pus, and the free entrance of air, many patients die from the operation within a few hours.

4. Air may be excluded from the cavity for several days, if care is used, or at most but a few bubbles can enter, if the tubes are opened only under water.

[While the entrance of air at this time is thought by many to do no harm, I am firmly impressed with the view that if any considerable amount enters during the first few days, the patient's chances of recovery are greatly diminished.]

5. The drainage tubes are held securely, and cannot slip into the chest.

6. The opening is so closed as to almost wholly prevent the escape of pus, except through the tubes, thus enhancing the comfort of the patient.

7. As a nurse may readily cleanse the pleural cavity, the subsequent treatment is rendered much simpler and easier than where a free opening has been made.

8. In the chronic cases, where resection of a rib or of portions of several ribs may be necessary, this is the best possible preparation of the patient for their operation.

9. 80 per cent of the patients operated on will recover.

—Dr. Detmold, of New York, regards as a pathognomonic sign of syphilis, a permanent edema over the anterior surface of the tibia, in cases of periostis of that bone. In no one case, in all his experience, has he ever seen it entirely disappear, and hence its great diagnostic value.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, April 4, 1885. The President Dr. Atwood, in the chair.

Sacrum with Six Bones.

Dr. F. D. Mooney presented a sacrum with six bones. The lumbar and coccygeal portions of the spinal column contained the normal number of vertebræ.

Dr. Ohmann-Dumesnil read a paper on

The Relations of Skin Diseases to Marriage.

The writer adverted to the fact that syphilis and marriage had been largely dwelt upon by numerous authors and that it was well established that syphilis was not only transmissible but hereditary. Nervous and other trouble or at least a tendency thereto have also been regarded as hereditary. In the paper read the author wished to consider a few of the more common and, at the same time, troublesome diseases of the skin and to point out the probabilities of their reappearing in the offspring. He stated that it was not necessary that the disease be transmitted from one parent to the other in order that the child might inherit it. It was rather a condition of the parent, reflected upon the skin, which the child would acquire and also evidence by the same or similar cutaneous manifestation. Infectious and contagious diseases were manifestly a bar to marriage during this active period. Other diseases, however, neither contagious nor directly transmissible, were sufficiently important to awaken our attention in respect to their heredity. The extreme views of the different schools of dermatology were adverted to and the propriety of assuming a middle course.

The subject of the paper is not so much to uphold any particular theory as to inquire into and call attention to the question of the heredity of skin diseases.

Eczema was the first disease considered and although not markedly hereditary, but few such cases being recorded by authors, a sufficient number of authors admit that in certain cases it is undoubtedly hereditary, so that it is deserving of further attention. It is probably hereditary where it exists as an old, chronic and intractable form in the parent.

Psoriasis was next spoken of and is a trouble more markedly hereditary than the preceding. The heredity will be more certain if the parent has the trouble in an aggregated and relapsing form, and especially if subject to that variety known as "universal," the offspring will inherit the same or some allied cutaneous affection.

Lupus vulgaris seems also to be transmitted from parent to child,whilst ichthyosis, especially ichthyosis "hystrix", is invariably hereditary. There is not a writer who does not regard this trouble as one of the most markedly hereditary ones. Lepra or true leprosy, be it dependent upon a bacillus or not, is transmissible from parent to child for generations. Chronic pruritus, sarcoma and carcinoma of the skin and vitelligo have been observed as hereditary in a few cases.

The writer here adverted to the transmission of various signs such as a lock of white hair, and again the apparent disappearance and reappearance of such, as other examples of the same tendency.

A superficial glance at the various examples given would hardly convince any one that heredity plays any part in the genesis of skin diseases. But when we take into consideration the little care taken to trace these troubles back and to follow them through succeeding generations the evidence offered acquires more force. Besides, the cause is often recognized as being handed down for generations and only showing itself as a skin disease in the last of a long line of individuals.

The conclusion arrived at is, that, if any skin disease or its cause is transmissible, the marriage of an individual affected in this manner should, if not prohibited, at least be carefully considered. Before permitting such a union to take place, the dermatic genealogy should be carefully examined and all of the possibilities weighed. In this manner a number of the most chronic and intractable skin diseases might be prevented. The better the etiology of an affection is understood the more easy does its prophylaxis become. There is no doubt, whatever, that the more these relations are sought after, the more often will they be found, and enable the physician to give safe and reliable advice in those cases where it will be needed or sought.

Dr. Dean thought that in some cases it would require a close scrutiny to find if the disease had been inherited or acquired from the parents, as in lepra for instance.

Ununited Fracture of Pubis.

Dr. S. Pollak gave the history of the case of a man 38 years old, of good physique, active, industrious and temperate. He enjoys good health except for periodical paroxysmal pains in the abdomen, which give way to gentle pressure. Any active exercise, lifting, riding, etc., gives rise to the pains, but it gives him no inconvenience ordinarily. The trouble was not suspected by a number of physicians who treated him for his abdominal pains. Dr. Pollak examined the patient carefully for some tender spot, hernia, disease of the spermatic cord and testicles. He discovered a long movable, bony projection on the right side of the scrotum about 2½ inches long and 1 inch wide above and apparently terminating in the horizontal ramus of the pubis. A limited amount of motion existed at the upper end. The symphysis pubis although not motionless is not separated. The patient was aware of this projection for nearly twelveyears and thinks it came from being thrown on the pommel of his saddle. Fractures of the pubis are rare and always the result of direct external violence. The bladder and other viscera may be injured and a fatal termination take place. A cure in the present case is almost impossible now. Whether the fracture runs entirely through the rami of the pubis, it is difficult to tell. If so, the bladder co hardly have escaped injury. He thought that a large portion of the ramus had probably splintered off. The different attitudes assumed by the patient influence the mobility and motion of the fragment considerably. It is freely movable when he stands up. Leaving the case alone is perhaps the best treatment. He has abdominal pains only occasionally, and now has on a London abdominal supporter, which makes him comfortable. Let us assume that a large degree of pain,cystitis,etc.,should occur or that an abdominal support should be made to establish bony union. A considerable deposit exists about the fragment, and this would have to be removed and the pubic arch exposed, the ends placed in proper position, and kept in situ by means of wires or ivory pegs. If merely an immobilizing apparatus were used, respiration, defecation and the necessary movements would make the fragments move. The entire removal of the fragments might be best, but how could the muscles be detached without paralysis? For many reasons the palliative is the best treatment that can be suggested.

[The members were here invited to examine the patient.]

Dr. E. H. Gregory could hardly give an opinion from the superficial examination he had made. The case was a very interesting one and he would like to give the man an anesthetic and examine him thoroughly. It

requires an extraordinary amount of violence to fracture the pubic bone, and this would give such a momentum to the surrounding structures that there would be disability for a considerable time. He never saw but one case of fracture of this bone, and there was rupture of the bladder. From his slight examination of the present case, he thought the arch of the pubis was not broken. Again the mass is larger than any part of the pubic bone and the body of the pubis is there and intact. He thought that it might be an ossifying muscle. He would not commit himself to an opinion, but it was probably a new growth.

Dr. Atwood inquired how it was that there is pain in the abdomen when no supporter is applied, if it is not a fracture of the ramus?

Dr. Gregory could not explain this, but he did not think that a support could supply the loss of the the pubis. If the trouble depended upon a neoplasm the same reflex symptoms would be produced as in a fracture of the ramus.

Dr. Pollak stated that the abdominal pains were comparatively recent. He could distinctly feel the movement of the ramus by moving the lower part. Perhaps a removal might be the best thing of all. He would prevail upon the patient to let himself be examined under an anesthetic. He had an idea that the fracture went through the horizontal ramus of the pubis and he did not see how it could without producing injury to the bladder.

Dr. Gregory said that it was a possible thing, but not a likely one.

Dr. Johnston thought that if such a fracture had taken place it would necessarily inflame and irritate the soft parts. The man not having suffered any would forbid the conclusion that an injury caused the fracture. He thought that it was a neoplasm.

Dr. A. Green said that to him it felt like cartilage and he shared the opinion that it was a new formation.

Dr. Gregory said that by giving chloroform and introducing the finger in the rectum it was possible to outline the bones perfectly and explore the obturator foramen. In a case of dislocation of the femur he had felt the head rotating in the obturator foramen by this method.

Dr. Dean said that in such an importan case no opinion ought to be given without first making a thorough examination.

Dr. Mudd thought that it was a calcareous or osseous deposit in the adductor longus muscle.

CORRESPONDENCE.

LONDON LETTER.

Editors Review: The selection of Dr. Osler to deliver the Gulstonian lectures this year was a well-deserved compliment to our colonial brethren, for, be it observed, Dr. Osler was still at Montreal when he was invited to give the ecture. He chose for his subject ulcerative endocarditis, or as some here would prefer to say, malignant endocarditis, and his lectures have been, as might have been expected, very well received. The general opinion is that though he has not been able to add anything to our slender stock of nowledge as to the intimate nature of the se, his collation of two hundred cases will mark these lectures as the most important contribution to the study of the disease that has yet been made. The Croonian lectures, which are likewise delivered at the College of Physicians, immediately after the others are concluded, have this year fallen to the lot of Dr. Hermann Weber, who elected, not unnaturally, to hold forth on the treatment of phthisis by health resorts. This is a subject which for some thirty years he has made especially his own, and it is well-known amongst practitioners that if you have a case of phthisis you want to send abroad you cannot do better than get Weber to see him, and decide where he had better go. The chief point of his lectures was to insist on the paramount importance of the treatment of phthisis by pure fresh air; the patient should be in such a climate that he could be out all day and every day, and he named the various health resorts all over the world where such results might be obtained, not excepting those in the Rocky Mountains.

Mentioning the Croonian lectures reminds me that a question of some little importance has to be decided with reference to them by the College before long. Some two hundred years ago or thereabouts they were founded, certain property in the city being bequeathed to the College for the express purpose. That property has hitherto brought in the magnificent annual sum of £15. This year, however, the old leases have all fallen in and I am credibly informed that the property is now let so as to bring in £250 per annum. Whether the College will hand over the whole of the sum bodily to the Croonian lecturer or not remains to be seen. I do not believe they will, or if they do we may expect in the future to see the Croonian lectures delivered by the most senior men in the College.

Sir Andrew Clarke is delivering the Lumleian lectures, also before the College of Physicians, his subject being dry pleurisies. What he can find

to say on this subject that will occupy him for three lectures is more than a good many persons can imagine. However we shall know before my next letter, when I may be able to summarize his views. Sir Andrew is certainly one of the most remarkable men of the day. He is admitted on all sides to have the largest consulting practice in London, and yet in retiring from the presidency of the Clinical Society which he had held for the customary two years he was able to boast that he had not missed a single meeting either of the society or its council. I doubt whether any president of any scientific society could say the same. The gallant baronet begins work at eight every morning, and from that hour until three he sits in his consulting room seeing patients; he never makes any appointments for consultation out of doors until after the latter hour. He gets home between nine and ten at night when he dines, a thing he would not allow any of his patients to do under any consideration. For many years he has been living this sort of life, and yet shows no signs that such hard work is telling upon him. This is the more remarkable seeing that in the early part part of his professiona career he had on at least two occasions very severe hemoptysis, and it was supposed could not possibly live in London.

The secret of his success I believe is his attention to details. In consultation he makes it a rule to examine every patient thoroughly, even when the diagnosis is obvious and certain, and he is most particular in his instructions as to diet. He also writes out a diet list for every patient; in this way his patients are made to feel that he takes a deeper interest and has better insight into their disease than other physicians, and as a result they obey him and get well.

The agitation for a more real university education in London is growing apace, but it has not reached any fresh stage since my last letter. The object of the agitation was very well put in a leading article in the Medical Times a week or two since, and I cannot do better than quote what is there said. "It is to the interest of every practitioner, not in the metropolis only, but in the whole of England, that London should be able to take that place as the first clinical school in the world to which the size, variety and number of its hospitals, and the eminence of its physicians and surgeons, manifestly entitle it. For many years to come all that England will be able to contribute to the advance of medical science must come via the ward and the dead house. The best minds amongst us debarred from that form of research without which physiology and pathology alike stand almost still, will be thrown more and more into clinical work, and will need that endowment of research which in a state like ours is procurable only from the fees of pupils. To attract students in increasing numbers from all parts of the country, from India, and the colonies, from America, and even from the rival schools of Scotland and Ireland, should be the wish and aim of every teacher and practitioner in London. To do this London need not pose as the rival of other schools. It must of course possess a completely organized university of its own, but that once obtained, it will be able in addition to hold out its hand to the graduates of other universities, and out of the richness of its clinical talent to supplement the more meagre opportunities which they have enjoyed." Next week will see the commencement of a debate on cholera at the Royal Medical and Chirurgical Society, the first paper being by the president, Dr. George Johnson. The believers in the specific bacilli and the non-believers will be there in great force and some passages at arms may be confidently expected. R. M.

VIENNA LETTER.

VIENNA, March 20, 1883.

Editors Review:—

The subject of medical study here, though well-known, is one which in the writer's experience, never loses its interest for American practitioners. The details of the methods may prove valuable to some of your readers who contemplate a trip here and perhaps of interst at least to those who have not the opportunity to acquire a personal acquaintance.

The great feature wherein Vienna possesses an advantage over other medical centres lies in the fact that all lectures, operations, clinics, etc., are held under one roof. The "Allgemeine Krankenhaus" or General Hospital is an immense institution under government control. It extends over many acres of ground and has nine courts and for a stranger it is often difficult to find his way to the professors and clinics he may desire. Every professor has a special amphitheatre for his own use located near his wards.

The hospital accommodates 3,500 patients. The professors hold appointments from the University and there are two for each branch. For instance: on Surgery, Billroth and Albert; General Medicine, Nothnagel and Bamberger; on the eye, Stellwag and Arlt; Obstetrics and Gynecology, Carl Braun and Spaeth, etc. These professors give a clinical lecture or perform operations daily but the most valuable instruction is given in private courses. These are in a very few instances given by the professors themselves, as Politzer on Ear Diseases, but generally they are given by their assistants who are often them-

selves eminent men. The number of private courses in progress daily is something enormous and one can do here,what I venture to say can be done nowhere else, viz., study one branch only, with different men from 8 A. M. until 6 P. M., and lose no time running from one hospital to another. For instance, one can study skin diseases the entire day beginning with Prof. Kaposi, Hebra's successor, at 8 A. M., following with young Dr. Hebra at the Polyclinic which is one block away. Then two private courses until 3 P. M., when Prof, Newmann holds his clinic and this it is possiible to follow by other private courses until 6 P. M. It is the same in other departments and the number of cases seen in a day is very large. Americans I think come here more to see clinical material than to hear lectures, but a knowledge of German to a greater or less degree will enable one to study to much better advantage and follow the points made by the clinical teachers. Very little of pure didactic teaching is done here. However, many Americans come with a very slight acquaintance with the language and get a great deal of instruction by close attention. English and American students are so desirable from a financial point of view that many of those who give private courses have now learned our language. The methods of instruction in the department of gynecology and obstetrics, will, I think, prove as interesting as those of any section, simply prevising that each division would require an article in itself.

There are three birth wards under the direction of Profs. Carl Braun, Spaeth and Gustave Braun. Each ward has about 3,200 confinements a year and the total reaches nearly 10,000 births. In Carl Braun's wards, where Americans mostly study, there are from 10 to 30 confinements daily and all who have taken out his ticket are allowed to witness and assist at any hour of the day or night. This ticket, good for six months and also admitting to Prof. Braun's daily gynecological operations costs the munificent sum or four dollars. The students are divided into sections of four each and these come on duty at stated intervals for a period of twenty-four hours and are allowed to conduct, under the supervision of midwives, as many cases as possible in that time, provided only that sufficient time elapses between the conclusion of one case and the undertaking of another to allow of the taking of temperature of the recently-delivered case. If fever is found to be present the student is not allowed to conduct any more cases until his term comes around again. Primiparæ are delivered on the side and multiparæ upon the back. The method of supporting the perineum is very successful and the midwives very rarely have lacerations. The routine treatment after the expulsion of the placenta by Credé's method is a thorough irrigation of the uterus by solution of bichloride of mercury (1-2000) once only.

Puerperal fever is said to be rare. Prof. Gustave Braun's ward is given up to midwives before whom he lectures. They become very proficient and the tyro from abroad is not inclined to sneer at the midwives here after seeing their scientific work and learning that some of them have been on duty 10, 15, and even 25 years, seeing on the average about 3,000 cases per year.

All the operations of midwifery are performed before the students, as craniotomies, turnings, etc., and they are often allowed forceps cases. Excellent private courses are given on obstetric operations by the assistants and their touch conrses are the most expensive in Vienna.

Every day Profs. Braun and Spaeth hold clinics and usually perform a number of operations. Ovariotomies, hysterotomies and all the most serious operations of gynecology are performed daily, such is the immense amount of material.

I should now except Prof. Spaeth, as he has within the past few weeks had an attack of apoplexy. It is evident what a vast field the students of obstetrics possess in Vienna and it is the same in other departments. I have simply taken this as it is a fair illustration and not an exception. In fact the hospital at Prague is even preferred to Vienna by many students in this branch.

The Rotunda Hospital at Dublin probably stands next in reputation to Vienna, but consider how small her material is in comparison; the yearly number of confinements there is about 1,200 as against 10,000 here.

It is to be regretted that statistics of ovariotomies etc. are not easily obtainable. Cases followed up in the wards seems to do very well but there is a hesitation on the part of assistants in regard to giving figures, which might naturally cause suspicion. Their defense is that they fear premature publication and that moreover the statistics can always be obtained at the end of each senester and that seems to be the case. All operations are done antiseptically and the excellent results are attributed to their careful antisepsis. A. W. H.

BOOKS RECEIVED.

HUMAN OSTEOLOGY. By Luther Holden. Illustrated. Sixth Edition. January number of Wood's Library of Standard Med. Authors.

KIRKE'S HAND-BOOK OF PHYSIOLOGY. By W. Morrant Baker, F. R. C. S., and Vincent Dormer Harris, M. D. Eleventh edition. Febru-

ary and March numbers of Wood's Library of Standard Medical Authors, Vol. I.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS IN ORDER TO SECURE SUCCESS. By D. W. Cathell, M. D. Fourth Edition. Published by Cushings & Bailey, Baltimore.

TRANSACTIONS of the Thirty-fourth Annual Meeting of the Illinois State Medical Society held at Chicago, May 20, 21 and 22, 1884.

COCAINE AND ITS USES in Ophthalmic General Surgery. By H. Knapp, M. D. With Supplementary Contributions. Published by G. P. Putnam's Sons. Chicago: Jansen, McClurg & Co.

COMPARATIVE PHYSIOLOGY AND PHYSCHOLOGY. A Discussion of the Evolution and Relations of the Mind and Body of Man and Animals. By S. V. Clevenger, M. D. Published by Jansen, McClurg & Co., Chicago.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By H. Lyman, A. M., M. D. Published by W. T. Keener, Chicago.

MYTHS IN MEDICINE and Old-Time Doctors. By Alfred C. Garratt, M. D. Published by G. P. Putnam's Sons, New York.

OUR BODIES, or How we Live. By Alfred F. Blaisdell, M. D. Published by Lee & Shepard, Boston.

ITEMS.

—"Are you having much practice now?" asked an old doctor of a new beginner. "Yes, sir, a great deal, thank you," was the reply. "Ah, I am delighted to hear it. Pray, in what line does your practice particularly extend?" "Well, sir, particularly in economy."

—Acne is often reflex from urethral irritation. Dr. S. Sherwell obtained marvelous improvement in the faces of two patients, after long treatment had failed, by passing cold sounds every third day. The urethra was found sensitive, especially about the junction of the membranous portion with the prostatic.—Jour. C. and V. Dis.

TREATMENT OF CHOLERA.—In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature bearing upon the treatment of this disease should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known [illegible] are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

—The Cauterization of Buboes.—Martineau, says the "Lancet," has succeeded in rapidly curing suppurating buboes by touching them with Paquelin's Cautery.

—DR. E. T. MYERS, of Baker, Brown County, Kans. says:

I tested Papine with excellent results; it does not have any unpleasant tendencies toward the brain; does not produce constipation, and is quite pleasant to the taste.

—M. Toulouze describes in L'Union Médicale some old surgical instruments recently found during some excavations on the site of an old Roman road in the Rue Clovis in Paris. He believes that they date back to the period of Galen. They consist of an epilation forceps, a probe, and an ear-scoop—at least these are the uses for which M. Toulouze regards them as applicable.

—Dr. Frank O. Lockwood, of Minter P. O., Dallas, Ala., says:

I have used Papine in a case in which opiates had an unhappy effect upon head and stomach, giving fifteen drops every two hours with good results. Have also used with satisfaction in cases where other opiates produced nausea.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. NO. 16. CHICAGO AND ST. LOUIS, APRIL 18, 1885. TERMS: $3.50 A YEAR.

LACTIC ACID AS A DESTRUCTIVE AGENT.—Prof. Mosetig-Moorhof, of Vienna, reports in the Centralblatt f. Chirurgie, No. 12, 1885, that a series of experiments conducted by him as long as four years ago convinced him of the destructive action of lactic acid upon fungous granulations. He applied it in cases of caries fungosa and found that the destruction remained limited to the granulations; that no decalcifying influence upon the osseous structures took place. This observation prompted him to apply the remedy in lupus vulgaris and upon conglomerations of other neoplastic cells of low vitality, superficial epitheliomata and extensive superficial papillomatous excrescences. On applying the concentrated agent to such tissues the result was a complete softening; no eschara is found,but a blackish pulp results, showing that the pathological cells are destroyed with their stroma and vascularization. Consecutive applications were found to totally destroy such neoplasms and ready cicatrization followed.

It was found that together with this effective influence on pathological elements, none whatsoever was exercised upon healthy, normal elements. For instance, if patches of normal cutis are within the diseased superficies, such remain intact and uninfluenced. The biological energy of normal cell elements appears proof against the peculiar chemical action.

In the application of the remedy it is well in the first place to protect the neighboring epidermis by strips of adhesive plaster or by an ointment; this is to concentrate the action upon the diseased surface and to prevent absorption by and swelling of the healthy epidermis. The liquid concentrated lactic acid may be applied with a brush, but this mode must be often repeated. It is preferable to saturate pieces of linen of the size of the surface to be treated or pledgets of absorbent cotton with the solution, and apply directly. The whole may be covered with rubber tissue and a cotton dressing. A convenient form of application is a paste made of equal parts of lactic acid and pure pulverized silicic acid. This may be thickly spread upon the rubber tissue and then applied. The drug should remain in position for about twelve hours. Then the dressing is changed and the wound cleansed with water. The application should not be renewed at once; it is better to allow twenty-four to forty-eight hours to elapse.

The application is attended with some pain; the same is not intense, however, and passes away after a few hours. Even children stand the application well.

The resulting scar is smooth and soft. Five to seven applications were needed to heal several cases of lupus vulgaris, ulcus rodens, etc.

The report most certainly should encourage those that have suitable clinical material to give the local application of lactic acid a trial.

DIAGNOSIS OF RENAL DISEASE.—J. Wolff calls attention to the value of iodide elimination as a diagnostic aid in renal disease. (Bresl. Arz. Zeitschrift.) In the normal state an adult eliminates 0,2 g. of iodide of potassium in from twelve to forty-eight hours. In renal disease the elimination takes from five to seven days and longer. And while in health after about sixteen hours the iodine is found in larger amounts in the urine than in the saliva,the relation in disease is the reverse, the iodine may be in some cases found exclusively in the saliva. This peculiar behavior is of

course more marked in proportion to the amount of albumen lost, but it obtains also when the urine is entirely free from albumen. Wolff demonstrates the presence of iodine by means of strips of filtering paper saturated with starch. After these strips are dry they are dipped into the urine or saliva and nitric acid is added to bring out the reaction.

Ferrous Malate.—The above is the preferable form of iron as a medicine, according to Dr. J. Clark Slay. He says: (Med. and Surg. Rep.)

To derive the full therapeutic importance of iron it would seem that it must be in combination with an acid; and to be void of caustic and astringent properties, it must be of the organic instead of the inorganic acidulous form.

There are, however, other considerations of equal importance. As is well known, iron combines with other elements and radicals in two proportions, and those oxides, chlorides, acetates, malates, and other salts, in which the atom of iron appears to possess inferior affinities, are termed ferrous, the higher being ferric salts; but the higher the oxide, iodide, citrate, carbonate, etc., the more difficult of assimilation becomes the preparation.

The saccharated carbonate of iron and solution ferrous malate are the only two stable preparations of the ferrous salt largely in use, which in point of assimilability gives them advantages over all other preparations of iron. The former of these two preparations is prevented from further oxidation by the addition of sugar to the freshly made ferrous carbonate before being exposed to the air. If, however, it is not properly protected, a portion of the ferrous will afterwards be converted to the ferric salt, and the assimilability of the preparation thereby lessened. The saccharated carbonate of iron has been in use quite awhile, is widely known and laid down in chemistry and therapeutics as being the most assimilable form of iron that we have. The latter preparation, solution ferrous malate, is of a more recent origin, and though extensively prescribed wherever known, it has not yet met with that recognition due it, and which it is destined eventually to receive. We have in this preparation the ferrous salt, pure and simple, and permanently retained as such by an alcoholic syrup solution being made of the newly prepared ferrous malate. It has a great advantage over the saccharated carbonate of iron in being of the organic instead of the inorganic acid form.

Chemical knowledge and therapeutical experience prompts a slight amendment to our former suggestion, which we feel should give to it almost or quite the distinction of a rule: To derive the full medicinal strength of iron it must be in combination with an acid, but to be void of all objectionable features it must be of the ferrous organic instead of the ferric inorganic acidulous form.

Solution ferrous malate meets these requirements. We have in this preparation the ferrous salt in combination with a fruit acid.

Galvano-Puncture in the Treatment of Thoracic Aneurism.—Dr. C. M. Richter reports [Pacific Medical and Surgical Journal, Medical Record] three new cases in which galvano-puncture was used in the treatment of aneurism. In one, a case of intra-thoracic aneurism, the patient is apparently cured (one year after operation). In the second, also a case of thoracic aneurism, the disease was very much advanced. Galvano-puncture was successfully performed, but, although it cured the aneurism, the patient died a month later. A post-mortem was made and a large saccular aneurism was found springing from the arch of the aorta. Dr. Richter says, as a result of this examination, that, "Thus, with the most unfavorable circumstances; with the highest degree of atheroma; with the sac as thin as tissue-paper, where the needles were inserted, with an aneurism of such dimensions, and all this in a decrepit individual—an entire cure of the aneurism and a perfect solidification of the sac was obtained by electrolysis." The third case was that of a traumatic diffused

aneurism of the radial artery; and here galvano-puncture failed.

Galvano-puncture for the treatment of aneurism has not yet obtained a position in surgical therapeutics. This is so true that even writers of the experience of Mr. Bryant show an entire ignorance of the practical details of the operation.

Galvano-puncture, though introduced by an English surgeon—Phillips, in 1829—has been chiefly in the hands of the French surgeons and of the Italians. Among the latter, Civiselli reported 29 cases, with 11 "improvements," lasting over four years. Petit, in 1880, collected 114 cases, in 60 of which there was improvement. Barwell collects 8 cases, operated upon since 1877. Of these, 4 died, and 4 were improved. In the matter of technique, Barwell recommends the employment of both poles. Robin, Chambers, and Richter strongly insist upon using only the positive pole.

Chambers experimented on an imitation aneurism, and came with Robin to the same conclusion, that no clot is formed by the negative needle, while that of the positive is solid, resistant, and adherent. Both etherize the patient, insert several needles at the same séance, and let a strong galvanic current pass through them for from five to eight minutes per needle; they insist that the needle should be insulated, for instance, by collodion, and that about three centimetres of the polished steel of the needle should be exposed in the tumor."

The Albuminuria of Diphtheria and Scarlet Fever.—The Medical News writes in this regard as follows:

"Senator has called attention to the difference in the albuminuria of these two conditions in some remarks recently published in the Berliner klin. Wochenschrift, Dec. 1, 1884. According to him, the albuminuria of diphtheria is an albuminuria of congestion, altogether unassociated with the phenomena of inflammation, unless the congestion contiuue a very long time, when we may have superadded what is known as congestion-nephritis, or cyanotic induration. The congestion may be brought about in two ways: first, by an extension of the diphtheritic process to the larynx, the consequent dyspnea producing a general engorgement which the kidneys share with the rest of the body; or it may occur later in the disease, from paralysis of the vagus, and feebleness of the heart. Such congestion is not infrequently associated with edema of the lower extremities, which is also favored by the anemia which is by this time present. An albuminuria from such causes seldom occurs in scarlet fever.

Another form, associated with diphtheria, may be called infectious-febrile albuminuria. This occurs, frequently, early in the disease, or when the throat affection is at its height, and is unaccompanied by any other symptoms of nephritis, such as blood, leucocytes, or epithelium in the urine. Sometimes, indeed, hyaline tube-casts are present, but these do not indicate inflammation. This albuminuria is comparable to that associated with the acme of other fever processes, disappearing with the subsidence of the fever. After death no changes are found in the kidney, or they are confined to limited areas of cloudy swelling of the epithelium, such as is often found without albuminuria.

There is indeed a third form of albuminuria in diphtheria, which is neither congestive nor febrile-infections, but which is due to a mild nephritis, differing from the majority of cases of scarlatinal nephritis in its slighter anatomical changes, as well as in the mildness of its clinical features. In it, interstitial and vascular changes, as well as changes in the Malpighian capsules, are much less marked than in the scarlatinal nephritis, and although it is true that higher degrees of nephritis, with their characteristic clinical phenomena, are sometimes present, their great rarity must be admitted.

It should be stated, however, that Henoch, to the reading ot whose paper on diphtheria succeeded the remarks Senator, to which we have called attention, is inclined to believe that the diphtheritic albuminuria ascribable to asphyxic congestion, is the rarest form; that

the cases in which albuminuria is present are often unattended by fever of any severity. He claims that the albuminuria of diphtheria is almost always the result of infection, and is to be included in the extensive group of infectious nephritis, notwithstanding the fact that Weigert and Fürbringer have failed to discover bacteria in the kidney under these circumstances.

There has always seemed to us a marked difference between the albuminuria of most cases of diphtheria and scarlet fever, and Senator has clearly indicated these differences as they have often presented themselves."

Cocaine hydrochlorate in Otalgia due to Catarrhal Inflammation of the Ear.—Dr. Henry Reder, of Aurora, Ill., writes the Therapeutic Gazette: "After treating a case of severe otalgia with all ordinary remedies, including the hot-water douches, leeches to the tongue, and paracentesis of the membrana tympani, without much relief, I thought of cocaine hydrochlorate. I inserted into the vial of the atomizing tube of a Codman & Shurtleff steam atomizer a four per cent. solution, and advised the patient to fill her mouth with the spray, close her lips, expand her cheeks, and so force the vapor into the Eustachian tubes; this was repeated at intervals of three minutes. I then adjusted the nasal tube of the atomizer, inserted it into the external auditory meatus, and also sprayed the external canal at intervals of three minutes. After fifteen minntes from the last application the patient was wholly relieved, and passed a comfortable night."

The High Operation for Stone.—The New York Medical Journal is of the opinion that: "It is a general impression among medical readers that suprapubic lithotomy is only a very rare, but also an unwarrantable operation—one, in fact, which belongs to the Dark Ages of surgery. Occasionally some American writer does put in a plea for its revival, but we seldom hear of the "high operation" being extensively practiced by any surgeon. Dr. Dulles (American Journal of the Medical Sciences, July, 1865, and April, 1878) has presented some strong arguments in its favor, and Petersen (Archiv fur klinische Chirurgie, xxv) has also commended it. Dittel, in a recent number of the "Wiener medicinische Wochenschrift," advocates the high operation in cases in which the bladder contains very large, hard, or irregnlar calculi, or foreign bodies the size and shape of which are such that they can not be removed by the perineal section. He appears to consider the operation less dangerous than that by the perineum, since it spares important organs. Ebermann (St. Petersburger medicinische Wochenschrift) has had an extended experience with lithotrity in women, and unhesitatingly condemns "epicystotomy" as a dangerous and unnecessary procedure. Yet the latter is not an uncommon operation in Professor Billroth's clinic. Under the conditions imposed by Dittel, we have no hesitation in commending the operation, but we should be sorry to see it adopted in the case of any but male patients."

An Inhalation for Coryza.—Hager (Union méd.) recommends the following formula;

℞	Pure carbolic acid,	grs. 150.
	Ammonia water, - -	ʒiij.
	Alcohol, - - -	℥j.
	Distilled water, - -	ʒv.

A piece of cotton saturated with this mixture is placed in a widemouthed bottle, and the vapor is inhaled.

Congenital Hypospadias.—At the meeting of the New York Surgical Society, March 24 1885, Dr. Post presented a patient on whom he had performed an operation for hypospadias on February 3. The man was over 30 years of age. The floor of the urethrawas deficient to the extent of about 2 ctm. behind the corona glandis. The operation consisted in making a perineal incision into the membranous part of the urethra, introducing a short catheter into the bladder, dissecting a flap of integument 2 ctm. wide on the

lower surface of the penis extending back nearly to the scrotum, and denuding a space 1 ctm. wide on each side of the flap and extending forward on the lower surface of the glans. The flap was then doubled on itself and drawn forward as far as the glans, and its edges were attached by fine sutures to the outer edges of the denuded spnae. The deep layer of the doubled flap, which was designed to form the floor of the urethra, was not attached by sutures, but left to attach itself. The wound was washed with a solution of mercuric bichloride, 1 to 1,000, and dusted with iodoform. To take off the tension from the base of the transplanted leaf, a V-incision was made behind the base of the flap, the triangular flaps of skin were dissected up from its base, and the sides of the triangle drawn together with sutures, converting the V into a Y. The wound healed perfectly, and the floor of the urethra was thus extended beyond the corona glandis. The catheter was withdrawn from the perineal wound within a fortnight after its introduction, and the patient passed his urine freely through the reconstructed canal. Within a very few days the wound of the perineum was entirely healed.

Ipecacuanha in Dysentery.—It is interesting to learn something about the history of the use of this drug in dysentery, since it has come to be so generally used. Hence we extract the following from Dr. Macpherson's address before the Medical Society of London (Med. and Surg. Rep.):

"The drug was introduced into European practice during the last decade of the seventeenth century, as a remedy for the bloody flux; in this malady it acted like a charm. Helvetius considered it as specific in dysentery, as mercury in syphilis, or cinchona in malaria. After being highly prized for about half a century it fell somewhat into disfavor in England and France; but it was habitually used in small doses until the end of the last century. Akenside used very small doses—one grain every six hours; but other physicians recommend either one large dose or several smaller ones (five grains), repeated every hour until vomiting was produced. Subsequently very large doses, even frequently repeated, were highly favored in the tropics, but it was almost entirely superseded by mercury as a remedy for dysentery, though never quite abandoned. In 1846 Dr. Parkes said that ipecacuanha was of quite secondary importance, but recommended small doses. Sir Ranald Martin used doses of ten grains at least. Since 1858 the use of ipecacuanha has been the main feature in the treatment of dysentery, and though something must be put down to improved hygiene and the abandonment of bleeding, still the diminution of the mortality among the troops pointed to the probability that the drug was really of use in saving life. The French also now use drug the in large doses in the tropics and in America. Bartholow and others had found it useful. From a consideration of the general experience, he was inclined to say that the dose should not exceed thirty grains nor fall below five. He referred to the temporary popularity of mercury during the first half of the present century, and mentioned that even scruple doses of calomel were at one time commonly given, and were supposed to have a specific action on the mucous membrane in dysentery. Ipecacuanha had now entirely replaced it."

Treatment of Cancer.—A correspondent of the British Medical Journal advocates treating small cancerous tumors by arsenical paste,after a preliminary hypodermic injection of cocaine. He reports one case where this plan appears to have been efficacious. We refer to the report in another column regarding the efficacy of lactic acid in such cases.

Syphilitic Joint Disease.—According to the Medical Record, the following are the salient points of a paper by Dr. M. Schüller upon the articular manifestations of syphilis (Schmidt's Jahrbücher, No. 8, 1884.) In acquired syphilis we meet with the following: 1. Acute serous inflammation occurring among the secondary lesions. This usually

comes in connection with extensive skin eruptions, and generally involves several joints simultaneously. The lesion is a simple serous synovitis similar to that of acute rheumatism. This form is analogous to the pseudo-rheumatism met with in other infectious diseases. 2. Acute, or more frequently subacute or chronic, serous synovitis occurring at the tertiary period. Here we see a large serous effusion in a single joint. The capsule of the joint is thickened, and there is also a villous hypertrophy, sometimes with crepitation, but there is seldom any ulceration of the cartilages. The characteristic points are a comparatively great degree of pain and an arrest of the disease under antisyphilitic treatment, without, however, a restitution to the normal condition. The disease seldom goes on to suppuration. 3. Arthritis excited by the presence of gummata. The course of this affection is very characteristic. The gummy tumors are either in the immediate neighborhood of the joint or in parts of the joint itself. There is at first a thin, and later a thicker, gummy effusion. When the tumors gradually invade the joint a true gummy synovitis may arise, and in caseous degeneration of the gummata suppuration of the joint occurs. The subjective symptoms are very insignificant, and in no way correspond to the gravity of the joint lesions. The cartilage is the seat of sharply defined ulcers or of cicatrices. 4. Disease of the articulation arising from osteitis, periosteitis, or osteomyelitis of one of the bones entering into the formation of the joint.

In hereditary syhilis the following conditions may be found: 1. Subacute serous inflammation. The bones and cartilages are unaffected and suppuration may be absent, but there is an enormous serous effusion into the joint. The contrast between the very grave clinical symptoms and the insignificant anatomical changes is most striking. The author regards the affection as perfectly amenable to antisyphilitic treatment, provided suppuration have not occurred. 2. Inflammation due to the presence of gummy tumors. This differs in no way from the similar condition in acquired syphilis. 3. Arthritis arisng from osteitis, periosteitis, and osteomyelitis of a neighboring long bone. This is not common. There is here chronic serous effusion which progresses with varying subjective symptoms, but with an increasing difficulty of joint motion. Antisyphilitic treatment usually effects a complete cure. 4. Joint disease dependent upon a syphilitic affection of the epiphysis. This little known and seldom recognized condition begins with a sudden swelling of the epiphyseal periosteum. Serous effusion follows, at first thin and becoming thicker, the capsule is thickened, the joint becomes flexed, and is more or less painful. Fever is rare. In other cases there is a supurative separation of the epiphyseal periosteum and an effusion of pus in the joint. The latter may come from the rupture of an abscess at the epiphyseal junction, and in such cases small sequestra may be found in the articulation. The cases of this disease which came under the author's observation were in children of three or four years of age.

Resection of the Intestine.—At the Harveian Society of London recently a paper on this subject was read by Mr. Frederick Treves. The operation in question dated from about the year 1878, although many isolated instances had been recorded much earlier. About 150 cases were now on record. The operation was applicable to both the small and large intestine, and had been performed for the following conditions; (1) simple and epitheliomatous strictures; (2) neoplasms other than cancer; (3) extensive matting of the bowels, involving obstruction. (4) irreducible intussusception; (5) gun-shot and allied injuries of the bowel; (6) gangrenous gut in hernia; (7) fecal fistulæ. It might also be applied to certain perforating ulcers of the intestine. The operation implied merely the application to the intestine of a simple and recognized plan of treatment which was adopted in corresponding conditions to other parts of the body. In most of the affections named, enterotomy and colotomy offered the

only other means of treatment; they gave temporary relief only, leaving the cause of the disturbance untouched. In another series of cases, the removal from the body, as early as possible, of gangrenous and putrid parts was obviously indicated. Lastly, the mortality in gun-shot wounds of the bowel was so exceedinly high, that the operation had in these cases great claims to consideration. The manner of operating was illustrated by enterectomy, and there were two procedures. In one, the divided ends were united by sutures immediately after resection; in the other, the part was excised, and an artificial anus established, which was closed after a time by a second operation. The abdomen having been opened, the loop to be excised was drawn out and placed upon a sponge. The gut above and below was secured, either by the fingers of an assistant, or by special clamps introduced by Rydygier, Bishop, Makins, and Treves. The gut was excised, and with it a triangular piece of mesentery, the cut edges of the latter being united by a few points of suture. If the bowel were to be united, the best material was Chinese twist applied by Hagedorn's needle and needle-holder. Of the various sutures, the Czerny-Lembert was the best. A row of sutures was introduced involving only the mucous membrane, and a second row involving only the peritoneum. About fifteen points of suture were needed for the first row, and about twenty-five for the second. Of the two methods, the second was by far the better. Most of the patients were not in a condition to bear a protracted operation. Moreover, the first method did not give complete relief to the obstruction, did not ensure emptying the bowel above the obstruction, and involved great risk from fecal extravasation, owing to the distended state of the gut, and to the great risk of gangrene along the suture-line. Moreover, there was great difficulty in uniting the much dilated upper segment to the shrunken segment below. The mortality of the operation was discussed, its simplicity urged, and a hope was expressed that its application would be cautiously and more widely extended.

Treatment of Goitre by Injections of Iodine.—W. J. Tivy writes to the British Medical Journal: "Having read with great interest Mr. Victor Horsley's recent lectures on the thyroid body, I consider that some of his remarks respecting treatment ought not to be allowed to pass without comment. He very correctly states that "the operative treatment of ordinary goitre, whether cystic or adenomatous hypertrophy, is summed up most briefly under the headings injection and excision;" and he goes on to say that "the danger of simple injection is only one, it is true, but extremely serious, namely, sudden death."

Fearing that this opinion as to the great danger of injection of goitres may deter many from undertaking what has been, in my hands, a most safe, successful, and comparatively painless operation I shall give my experience of the use of iodine-injection in adenomatous goitres. This is limited to 33 cases, which I injected 290 times, using from 30 to 60 minims of tincture of iodine for each injection; on an average, each case was injected about nine times. In most of my cases, both lobes of the thyroid gland were goitrous. I, therefore, as a rule, performed an injection into both lobes at each sitting. In no case was even faintness produced by the operation; and the only discomforts I observed from the injections were now and then neuralgic pains in the teeth and behind the ears, lasting for a few minutes, and, in one case, a rather troublesome hoarseness was produced, which lasted for about ten days, and then entirely disappeared.

In all my cases, I succeeded in reducing the goitres considerably, the majority being perfectly cured in from three to six months. In no case did I fail to reduce the circumference of the neck around the goitre less than two inches; and in one severe case of long standing, in a patient aged 19, who suffered from great dyspnea and dysphagia owing to the pressure of a large adenomatous goitre, I reduced the circumference of the neck four inches after twelve injections, using thirty minims of tincture of iodine each time, thus entirely removing the dyspnea and dysphagia.

In performing injection of iodine for goitre, puncture of the trachea or of any large vein must be carefully avoided, a particularly safe spot for puncture being between the anterior jugular vein and the sterno-mastoid muscle on either side. In large goitres, the injections ought to be done in various parts of the swelling where the goitrous hypertrophy is greatest, and not confined to one spot only; and the injections ought to be repeated every week for three or four weeks, doing both sides, if necessary, at each sitting, and, subsequently, every second or third week, for perhaps three or four more sittings, until a marked diminution is perceived in the circumference of the neck. Some diminution will generally be observable within ten days from the first injection.

A screw hypodermic syringe is the best for the iodine-injections, and the needles ought to be very sharp and clean, as they become easily corroded by the action of the iodine.

Having drawn up from thirty to sixty minims of tincture of iodine into the syringe, before screwing on the needle, adjust the needle to the syringe, and force a few drops of the iodine in the syringe through the needle, so as to effectually expel all air from the needle itself; and, having well oiled it with carbolic oil (1 in 20), push the needle, to the depth of about an inch, well into the goitre, and, raising the syringe higher than the point of puncture so as to avoid injecting air, should any remain in the syringe, slowly inject the iodine. When this has been done, rapidly withdraw the needle, pinching up the skin around it to prevent any escape of iodine

Care ought to be taken to avoid tight collars while the process of injections are being carried out, and the neck must not be strained or pressed in any way.

Having practiced iodine-injections in adenomatous goitres for several years, adopting the foregoing precautions, I consider the treatment most successful, rapid in its effects, and safe; it is incomparably superior to the tedious and most unsatisfactory treatment by the application of iodine externally and iodide of potassium internally."

Treatment of Peritonitis by Abdominal Section.—Mr. Frederick Treves, who is contributing such diligent investigations on the Anatomy of the Intestinal Canal and Peritoneum in Man, read a paper on the above theme before the Royal Med. and Chir. Society (British Med. Journal).—The extreme fatality of acute diffused peritonitis—especially of that form due to perforation—and the acknowledged futility of the modes of treatment that are at present employed, give some support to the proposal that acute peritoneal inflammations should be treated by the same methods that are successfully applied to other acute inflammations, namely, by free incision and drainage. This common and general surgical procedure has been already applied for the relief of inflammations of certain of the serous membranes. It was at first adopted in connection with the smaller serous cavities, as those of the joints. It has been gradually and with increasing freedom applied in the treatment of inflammatory conditions involving the pleura. It has finally become a recognized means of treatment in certain forms of localized and chronic peritonitis. A female, aged 21, was admitted into the London Hospital, January 21, suffering from chronic pelvic peritonitis, following gonorrhea. On February 25, three months after the commencement of the chronic peritonitis, she suddenly developed the symptoms of acute diffused peritoneal inflammation. The sequel showed that a large chronic purulent collection, containing very offensive matter, had formed near the left pelvic brim. The walls of the abscess were formed partly by the pelvic peritoneum and partly by many coils of small intestine that had become matted together. The acute symptoms were due to the bursting of this abscess and the extravasation of its contents into the general peritoneal cavity. On February 26, the abdomen was opened under antiseptic precautions, the patient being at the time apparently in a very critical condition. The general surface of the peritoneum showed the ordinary appearances of acute peritonitis. The intestines, where in contact, were highly

glued together. A quantity of semi-opaque fluid mixed with flakes of lymph and pus escaped. The whole peritoneal cavity was washed out with many quarts of water and a drain introduced. The patient made a good recovery, and was allowed in the garden on the fortieth day. Mr. Treves alluded to several cases in which operations involving laparotomy have been performed with success during the progress of acute peritonitis, the cases having in most instances the subject of error in diagnosis. Allusion was also made to the recent experiments of Dr. Parkes, of Chicago, as to the treatment of penetrating gun-shot wounds of the abdomen with perforation. Mr. Treves ventured to suggest the use of abdominal section in the treatment of certain cases of acute general peritonitis such as that following injury, gun-shot wounds, the bursting of an abscess, and specified cases of perforation.

Death Under Chloroform.—A man, æt., 39, died last week, in the Birmingham, England, Workhouse Infirmary, whilst under the influence of chloroform-vapor, which had been administered to him for the performance of an operation for the cure of a subclavian aneurism. An inquest was held, and a verdict was returned of "death from chloroform, properly administered."

CONTRIBUTIONS.

MISSIONS OF LIFE.

BY J. J. M. ANGEAR, B. S., M. A., M. D.

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The Doctorate address delivered at the Commencement of the College of Physicians and Surgeons of Chicago, at the Grand Opera House, March 10, 1885.

Mr. President, Gentlemen of the Graduating Class: Why this green earth? Why that brilliant sun? Why those shining stars, like diamonds in the diadem of night? Why manhood with suffering, sorrow and death? Though these questions cannot be answered, who dare say, that these are not food, but poison to the mind.

One of the holiest of the saints used frequently to exclaim to himself; "Bernard ad quid venisti." Bernard, for what purpose art thou here? What more fitting for you on this eventful occasion, than to imitate the saint, and ask yourselves the same suggestive question. For what purpose am I here?

We were never consulted with regard to our existence. We were not asked during what age we preferred to live. No inquiries were instituted as to what nationality we desired, what parentage we wished, whether we chose to pass through infantile days and gradually to grow into manhood, or Adam-like, to be placed upon the stage of action, a fully developed man. We were simply ushered into the world, without our consent, with appetites and passions for which we never asked. Our faculties and responsibilities belong to our being.

We are not made responsible for our faculties, but for their culture, their adaptability and potency, neither are we responsible for our being but for our elevation, refinement and usefulness.

If we accept the argument of Paley, because there are manifestations of design running all through nature, there must be a designer; then we are forced to believe that there must be a design in our being; that there must be something for us to do, otherwise we should not be here.

Were the prime objects of life, the mere getting food and clothing for the body, then burglary and murder were honorable pursuits, but inasmuch as the ban of society, everywhere, is upon such, there must be a something higher and nobler for man than avarice and greed.

We might remind you of the greatness of the era in which we live; the age of labor-saving, in which all the arts and sciences have been turned to the economizing of human strength and time; the age in which the influence of Christianity has extended and made itself felt in a practical manner; in which learning has become more universal, hospitals and asylums have become as common as the school-house.

We might dwell upon our national greatness; how much more we have done than our neighbors in forwarding the mighty chariot of progress. American machinery has insinuated itself into all manufacturing cities and countries. Why not boast of our naval and military superiority; how we have, within a period but little more than a century, compelled the "Mistress of the Sea" to haul down the "Royal Standard," and made that nation, who boasts "that the sun never goes down in

her dominion," twice to call home her troops from American soil?

While we are thus admiring ourselves, we must not forget our own divine-given profession; its universality, its up-lifting and benign influences. There is not a village or hamlet along the frontier, by the ocean, lake or river, but is furnished with one or more of the followers of Esculapius; there is not a family so low, so destitute, so disgraced and despised, but as soon as the cry of suffering humanity is heard going up from their abode, the doctor is there with the same skill and learning that he carries into the palace, where the sounds of pain are softened and subdued by the velvet carpet and downy pillow.

The medical man goes to-day into heathen lands and casts the seeds of medicine into the same furrow with the seeds of Christianity. The American medical man is honored and respected by all countries; and the gates and doors of foreign hospitals and medical colleges fly open at the "Sesame" of American Physician.

We might well plume ourselves upon the unparalelled success of the College of Physicians and Surgeons of Chicago, as the youngest but the foremost of Medical Colleges, upon the untarnished luster of its alumni, amounting to 164 in three years, and dwell for an unlimited time upon the brilliancy and the qualification of the class now before me. Are we here for self admiration? Mutual admiration society may be pleasant, for a time, causing all to forget the individual asperities, artificially lighting up the social horizon, making all to imagine an individual potency and delighting in the air of buoyant greatness. But what of this inflation, this sham, when you are forced into the real world, governed by cold, stern, inflexible laws, where you must either "sink or swim." The world cares but little who your ancestors were, or what they have done, but who are you? What have you done and what are your capabilities? These are questions of moment.

If you do not see your own mediocrity, your neighbor will not forget to remind you of it. Instead of being regaled by that perfume of imagined greatness, there will come up a stench of calumny, misplaced confidence and lies. In the way of business you will be a stranger and be taken in. You will be as a summer house in an open prairie in a March wind, you will be a good looking vessel, built for fine weather, launched upon a tempestuous sea, without ballast. Opposition will stare you in the face. Have you acquired moral courage, armed with a keen sense of right, to face and subdue such? You will soon find the currents of business relations narrowing upon you, sweeping you with increasing rapidity into the straits of selfishness. Will mutual admiration societies teach you to "be a hero in the strife?" Will it give you a broad and comprehensive view of life? will it teach you that all the ends you aim at should be your country's, your God's and Truth's?" If mutual admiration societies do not do this for you, beware. They are like spice, a very poor thing for a hungry man to make a meal of. Seek rather that which will teach you that,

"We can make our lives sublime,
And departing leave behind us
Foot-prints on the sands of time."

"Foot-prints that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother
Seeing shall take heart again."

Seek to possess that which will nerve you to fight the great battle of life successfully; that will give you moral courage to brave and to dare in the darkness of unpopularity, as well in the broad sunshine of eclat.

The machinist is ever trying to overcome friction, because he wants greater results without labor. He who will not work shall not eat, is a law of nature. It is the diligent man who is to stand before kings. The "survival of the fittest" is an omnipresent law, and man is under its jurisdiction. It is the weak brother, in any and all professions, who goes to the wall. It is the long pole which reaches the persimmon. "Pigeons ready roasted do not fly into the mouths of the most talented artists; as a rule you must first catch, pluck and roast them."

Want is the mother of invention. If we needed no bread there would be no industry. Were there no want, there would be no benevolence. No sickness, no medicine. Had there been no sin, there would be no plan of salvation, no church, no Bible. What grand opportunities are scattered broadcast all around us, for developing our manhood; the body, in industry; the mind in devising plans, ways and means; the soul in opposing evil, and cultivating charity and benevolence.

It was solid brain work, and not vapid imagination that framed our constitution and fought the revolution. It was serious thought and not frivolity that planned and reared our Capitol at Washington, the British Parliament, the Tuileries, and the Vatican. Holding down empty dry-goods boxes on the corners of the streets never bored the Hoosac Tunnel. Hell Gate was never blown up by puffing poor tobacco in a dirty saloon.

Difficulties which cannot be passed through must be surmounted. "I will" subdues enemies, surmounts difficulties and makes the man.

"It was a noble Roman,
In Rome's imperial day,
Who heard a coward croaker
Before the castle say,
They're safe in such a fortress,
There is no way to take it.
'On, on!' exclaimed the hero,
'I'll find a way or make it."

"Are riches worth the getting?
They must be bravely sought;
With wishing and with fretting
The boon cannot be bought;
To all the prize is open,
But only he can take it
Who says, with Roman courage,
I'll find a way or make it."

Change is written on the face of all nature. Calm has done more evil than storm. The elements of nature are always at work. The heat of the sun evaporating the water; the clouds holding it and the winds carrying it to the thirsting land. The earth rolls on its axis, and balances the moon, in his march around the sun, while the sun with his retinue promenades around the distant Alcyone. Even the little stream, as it descends the mountain side,must wash the rocks, sweep the leaves, and turn the village mill. Work is being done above us, beneath us. The nobility of labor is to be seen all around us. Nature is ever busy now with convulsive throes; a chain of mountains rise, and now a drop of dew is distilled upon the blade of grass.

A lazy man! What an anomaly in nature! A man with nothing to do is more insignificant than a toad squat under a cabbage, for it does catch flies and gets a living. Two sparrows, which are sold for a farthing, may catch a gill of worms a day, and are worth more than many lazy men. There is no sin in worshiping a lazy man, because he is not like anything in heaven above,nor on the earth beneath. "Ninety per cent. of what men call genius is talent for hard work."

"Nothing to do? O away with such blindness;
There's a duty before us, each moment to fill;
Our Father a glorious task has assigned us;
Plenty of work we may find if we will,
Away, then, away with the indolent feeling
Prompting the thought there is nothing to do;
Angels and men to your souls are appealing,
Work, work in earnest, be patient, be true."

"Nothing to do? Are there no strong ones oppressing
The weak, and the lowly, unsheltered by love?
Is there no life you can cheer with a blessing?
No sorrow, no want you can help to remove?
O, then, away with the indolent feeling
That prompts you to murmur you've nothing to do;
Angels and men to your souls are appealing
Work, work in earnest, be patient. be true."

Not simply do, but do something; and do that something right, and do it in the right time. There must be a purpose and a design in what you do, or your energies will be worse than "Fragrance wasted on the desert air." It is the pointed drill that penetrates the granite; and the narrowness of the edge which gives value to the scalpel. A breach is made in the fort only by concentrating the artillery. The aimless hunter brings home no game. Webster's dictionary was not written by throwing a bottle of ink at a pile of paper.

All action, whether high or low, noble or ignoble, has a reflex action upon the doer. The end never sanctifies the means. Being hired, or receiving a great pecuniary reward, does not change the nature of the reflex action upon the actor. Doing gives us strength in the line of our work, whatever it may be. Doing the right elevates; doing the wrong debases. Because thought is father of action, a thoughtful man is a powerful man, either for good or for evil, depending upon the nature of his thoughts. Earnest, pure, noble thoughts mature into grand and sublime actions. Persistent action crystallizes into habit, and the sum total of a man's habits constitutes his character. True character is the real man. Thoughts are wings by which a man can rise in his profession and being; but to be of any avail, they must be put into action.

The thoughtless are the do-less, and fill the the lower walks of life and crowd the substratum of all professions. Competition, like the air, becomes less and less as you rise. Who desires to dwell among that low, thoughtless mass of beings, when there is room infinite upward, where the atmosphere is moral and healthful and the light is clear and penetrating. If you would be where there is less competition, you must, Condor-like, plume your wings for yonder mountain peak. There you will find but one Galen. He was there alone. For a thousand years, he swayed the scepter of medicine. Harvey had no competitor, and Jenner was without a rival. These men are not dead; they "still breathe in the lives of living, acting men."

The architect labors for days, weeks, and months, maturing plans. Think you, that St. Peter's was build without plans? Were there no designs for the men to work up to? Were there no thinking men watching the plans and the work? Do you suppose that there was no mental labor, anxious care and earnest solicitude on the part of the responsible parties, to see that the minute details of the plans were executed? St. Peter's is a monument of architectural greatness. A towering memento

of the ability of human conception and skill. If St. Peter's is greater and grander than a well balanced, active and thoroughly disciplined human mind, then the created may be greater than the Creator. If stone, brick and mortar, glass, putty and paint, cannot be well put together without plans and earnest watchful care, how can you expect the various faculties of your mind to be drawn out, strengthened, and polished without designs, without self examination, careful selection of thoughts and constant watching of actions, as the mental structure rises. Are there no designs on your trestle board? For what purpose are you here?

We have units of measure. These units change with the greatness of the object to be measured. The unit must be that which is known and capable of being grasped by the measurer. The microscopist takes the M.M.M., 1-25000 of an inch, while the astronomer takes the diameter of the earth, about 8000 miles. That which is great to the microscopist is infinitely too insignificant to measure even the unit of measure of the astronomer. There must be an infinitude of infinitudes in the astronomer's greatness compared to the microscopist's greatness.

Intellectual greatness varies with the age, and the grade of society, because mind must be measured by mind. Whose mind shall we take? The Hottentot's or a philosopher's? Among great men the measure is great, among the ignorant the standard must be low in proportion to the ignorance. The lowest among the great is greater than the greatest among the low.

Because we measure men by our own minds, the great of to-day will become small to-morrow, and smaller the next day as we advance. Those who were invisible to us, by reason of their greatness, become visible to us by the increased amplitude of our own minds. It requires greatness to comprehend the great. The child with a few nickels, rattles them in its iron bank, and counts them over and over, and considers itself rich. So when an ignorant person gets a few ideas into his empty brain, he rattles them over and over in the presence of others, and considers himself a philospher and is contented.

Gentlemen have you reached the acme of your ambition to-day? Are you contented? Have you been spending your time and money simply to obtain a diploma, irrespective of the culture, power, amplitude and control of your minds; of obtaining a greater unit of mental measure by which you can measure the great in nature and the grand in mind? If you have acquired the ability to measure nature and mind, then the honors are yours. Without these powers the honors are simply borrowed for the occasion.

Is that sheep-skin, which was the exact measure of the stupid blatant sheep, the exact measure of your minds and the value of your souls? He who least deserves the honor will look upon it with the most satisfaction, and is the most contented. He is puffed up by it, and will spread himself over it like a peacock. His unit of measure is small, therefore his diploma is large, and the honors are heavy to him. One is all he can carry, two would crush him, while he who most deserves the honor feels no flattery, takes it as a matter of course. He has been after potency of mind, breadth of culture and depth of penetration, more than a piece of parchment. His unit of measure is so great that his honors are light. He has been spending his time and energies preparing to fulfill his mission in life, to do his work and to do it well. That is the reason he is here.

The mother will have a higher opinion of a doctor who burns the midnight oil over the latest work on diseases of children than for the man who spends his nights over the gaming table. The thoughtful who are in need of a physician, would much rather wait for a valuable one to return from the seat of consultation than to pluck a worthless one off from his seat on the dry-goods box, on the corner of the street. The dry-goods-box-sitters are not good diagnosticians. They would much rather take a man from the operating table bespattered with gore, than from the billiard table bemuddled with beer. They appreciate a man from his books more than one from the whittling brigade. A man who is constantly looking through the microscope will recognize disease much better than one whose chief employment is looking through the bottom of tumblers.

The science of medicine is not ours because it is the product of our labor. It is ours by inheritance. Somebody has labored and we have entered into their labors. Somebody has sown and we are reaping. Hippocrates planted the seeds of medicine in Grecian soil 2300 years ago. It has borne fruit, but it is far from being mature. Unconsciously, we are sowing seed, which may be as long, perhaps, in maturing. Will the fruit be as good? We must look beyond the present for the results of our labor. The present is the seed time. The harvest will come by and by. It becomes us to be thinking, not of the present only but of the future. We have not made the present, therefore are not responsible for the degree of enlightenment, refine-

ment and elevation there is in the world. Our fathers are responsible for that. We are making the future,and it will be just what we make it with our industry or idleness. The boy is father of the old man. Great discoveries in the science of medicine may not be your mission in life; but you can so live that the world may be the better for your having lived. Purity, sobriety, honest industry, as well as loving and being loved, are within the grasp of all. These are gems which adorn human character and can be seen in the darkness of obscurity as well as under the brilliant light of publicity.

The present may be full of irksome toil and suffering, but we can bear it because of the cheering hope of the future harvest. The pioneer may suffer for lack of bread, but he knows that he must sow that wheat and plant that corn which would satisfy the present cravings of hunger. He knows that the future comfort and life for himself and those depending upon him depends upon the present sacrifice. This is the rock which has sunk many a bark just starting out on the voyage of life. It may be more agreeable to spend an evening with the neighbors than to read anatomy or study materia medica. Present pleasure may induce you to go to the theater rather than five miles into the country to see a sick child.

Which will give the most desirable future? Money spent may bring present pleasure, with dissipation as the fruit. The same amount may be spent in books which may bring at present days of hard work, and wakeful nights of thinking; but "what will the harvest be?"

The honors of to-day are the results of weary toil and anxious care, and with some of self-sacrifice foregoing of all pleasure and comfort. I have known a widowed mother to spend years of hard labor over the wash tub to earn the necessary money to give her son a professional education, so that he might be able to earn an honest living more advantageously than she. I have known a young man to spend a winter in a garret without any fire, a bundle of straw for a bed and live on ten cents a day in order to have a medi cal education.

With these facts before us allow me to repeat: the honors of to-day are the result of weary toil and anxious care, and, with some of self-sacrifice, foregoing of pleasure and comfort; but all have been cheered and goaded on by the bright prospects, and high anticipations of these crowning acts of today.

Like the proud, majestic ship designed to ride defiantly upon the waves, is now to receive her name, and amid the loud huzzahs of thousands of spectators is launched upon the bosom of the yielding elements, to work out the designer's designs; so you have fulfilled the design of your pupilage, and now amid the admiring crowd of the seen, and for aught we know myriads of unseen, interested and anxious spectators, we give you the name of Doctors of Medicine, and you are launched upon the bosom of suffering humanity, to work out the culminations of the Great Designer's plan in giving and establishing the science of medicine, and calling you into being.

You are not here as mere machines, with so many wheels, shafts and springs, made to run on a track or in a groove, and to go through the world a mere automaton. You have not been in this school as in a factory simply to be put together and receive your motor power, to be wound up and set in motion, but taught to use, not for self alone, but for the world, your God-given powers. To be conscious of your responsibilities, recognize the design of your being. Is your mission in life simply

"To breathe the vital air,
And consume the fruits of earth, and dose away
Existence? Never! this is living death,
'Tis brutish life, base, groveling. E'en the brutes
Of nobler nature, live not lives like this,
Shall man, then, formed to be creation's lord.
Stamped with the impress of Divinity, and sealed
With God's own signet, sink below the brute?
Forbid it Heaven—it cannot, it must not be."

You are sent into the world for a definite purpose; there is something for you to do; and if you do not do it, it will not be done. When you ask the question: For what purpose am I here? recognize the answer, as the voice of God, in trumpet sounds: I send you into the world to prevent disease, to lessen suffering, and to lengthen human existence. The lives of men, women and children are in your hands, see that none of them are lost.

Are all your plans and designs confined to the mere animalities of your nature: food and raiment for the body only, and no provision for feeding the mind or adorning the soul?

We have rendered valuable services, and been paid well in dollars by the rich. We have visited the abode of poverty, cooled the fever and mitigated suffering, and have received for our services the rich benedictions of grateful hearts. The dollars from the rich have taken to themselves wings and have flown away and are forgotten, but the benedictions which came from the hearts

overflowing with gratitude are in us, as a well of water springing up into everlasting life. These are checks on the bank of heaven. They are not negotiable, payable in person only.

You may labor for and obtain from the opulent wealth, and exclude the rich benedictions of the poor. Can you afford to do this? This of course may bring you more money, more bonds, but what of that? A poor reward, if there has been no reflex action for good upon your own souls, developing your higher nature! Will you go through the world and when you come to the end of life and take an inventory of your mental and moral stock and will you be satisfied to have no fountains of love bubbling up within, neither for God nor your neighbor? No pity for the sorrowing of earth? No helping hand for the down trodden and the oppressed? No smiles of cheer for the desponding and cast down? No charity to throw over the wayward and erring? No tears to shed for the lonely and the heart broken? Nothing but a poor shriveled and dried up soul wrapped in self and bound in sordid care, worthless for this life and rejected for the life to come?

Go to the hovel of squalid want and cool the fevered brow of that suffering, but innocent babe, and receive a better appreciation of your own blessings; gather a larger measure of love; come home a better husband and father. Be the messengers of God, carrying comfort to aching hearts, injecting solace into weary minds, and scatttering joy and gladness wherever you go.

Travel in the darkness and the storm, by skillful hand save the life of a loving wife and affectionate mother. Return with broader views of a mother's care, and a deeper sympathy for suffering womanhood. Say not that night's toil is for naught. You have fulfilled the highest mission of your life—dissipated the clouds of foreboding sorrow of death, and maintained the sunshine of an unbroken family. Your reward may not be in money, but in an enlarged soul, filled with love and sympathy; a priceless gem in this life and an ornament beyond.

"To live in hearts we leave behind,
Is not to die."

—In cirrhosis of the liver, Prof. DaCosta recommends the persistent use of small doses of hydrargyrum chloridum corrosivum (gr. one-thirtieth t. d.), with an occasional saline purgative to keep the portal circle unloaded.

NITRITE OF AMYL IN NEURALGIA.

M. CLAY WYATT, M. D. MERAMEC, MO.

Perhaps there is no disease which so frequently afflicts humanity as neuralgia, sometimes being of such a trivial character as scarcely to deserve attention, and the patient fails to resort to any immediate measure for its alleviation, and it soon disappears spontaneously.

But though this proves true in some cases, yet it is far from being universally so, and we find it proving one of the most obstinate, incorrigible and implacable affections that "flesh is heir to," a source of great annoyance to the physician and indescribable and almost unendurable suffering and torture to the patient. Indeed sometimes its tortures are so acute, the excruciating pain so prolonged and intense that the miserable creature, no longer able to withstand its ravages, closes the scene and ends his suffering by resorting to suicide.

A disease so terrible, so agonizing, so productive of such indescribable misery should, indeed, engage the earnest consideration of those into whose hands poor suffering humanity have placed themselves.

In consequence of its obstinacy and intractability in some cases, nearly every therapeutic measure in the Materia Medica has been tried sometimes with good results, but frequently with little or only temporary relief to the sufferer. A host of remedies have been vaunted as specifics in neuralgia, but they have in the majority of instances proved futile and consequently have sunk into a merited oblivion.

Anything which may be supposed to stand in a causative relationship should be early combated. All predisposing and exciting causes should receive careful consideration, but the primary indication in all cases is the alleviation of pain, the mitigation of suffering, and for this purpose opium in some form, says Trousseau, is the remedy par excellence. Give it boldly, energetically, but withal beware of the possibility of contracting a habit as unfortunate as it is deplorable. Belladonna or atropia proves beneficial in some cases, and hyoscyamus, chloroform, aconite, turpentine and other drugs have proven useful in the hands of some. Valleix prefers the actual cautery. Dr. A. Stille advises blisters. "Electricity," says Hammond, "stands first for relieving paroxysms and effecting permanent cures." Internally, quinine, arsenic, ferruginous preparations, strychnia, iodide of potas-

sium, zinc, etc., are efficacious. All have had their advocates and all have proven useful in some cases, worthless in others.

It is the intention of this paper to call attention to the hypodermic administration of the nitrite of amyl in certain forms of neuralgia, and its beneficial effects when thus used. The hypodermic method of medication is peculiarly applicable in the treatment of neuralgia. Its advantages are in the more prompt effects of the drugs and the smaller quantity required, also a less amount of interference with the digestive functions.

Generally, if not universally, amyl nitrite is administered by inhalation. It has proven a valuable agent for the relief of angina pectoris and migrain, which are essentially neuralgic.

Judging from the results thus obtained, I concluded to try it in other forms by the hypodermic method. I have used it in sciatica, intercostal neuralgia, lumbo-abdominal myalgia and in one case of very obstinate supra-orbital neuralgia. I have used it in seven cases of sciatica of long standing, eight cases of intercostal neuralgia, five cases of lumbo-abdominal neuralgia, two cases of myalgia and one case of supra-orbital neuralgia. In no case have I witnessed a recurrence of the neuralgia, although ten months have elapsed since I administered in the last case. I usually begin with one drop and increase to three drops.

Not only does it produce prompt relief, but in these cases, from there being no recurrence of the trouble, I believe there has been effected a permanent cure. I have witnessed no ill effects from its administration in this manner.

I believe that in the nitrite of amyl, when used hypodermically, we have one of the most potent remedies for the relief and cure of neuralgia. I feel that I am justified in advising its administration in this manner and also in saying that suffering humanity has received a boon and physicians a most valuable medicine. I hope that the profession will give it an impartial trial.

A Pharmacopœia for the Treatment of Diseases of the Larynx, Pharynx and Nasal Passages; With Remarks on the Selection of Remedies and Choice of Instruments, and on the Method of Making Local Applications. By George Morehead Lefferts, A. M., M, D. Second Edition, Revised and Enlarged. Published by G. P. Putnam's Sons, New York.

This is a little book of one hundred pages neatly executed and is just what its title expresses. Further comment is not necessary.

CLINICAL LECTURES.

BONY TUMOR NEAR THE CLAVICLE, ETC.

A Clinical Lecture Delivered at Bellevue Hospital Medical College.

BY ALEX. B. MOTT, M. D.,
Clin. Prof. of Surgery at Bellevue Hospital Medical College, New York.

REPORTED FOR THE REVIEW.

Case I.—Female. This case, gentlemen, is one of great interest. It was brought to me during the winter to examine, presenting some very great peculiarities and I not only examined the neck where the seat of trouble was, but I also made a little examination of an internal organ, which shows plainly that there is some disease perhaps more serious than this, although this may produce a great deal of trouble. Now, gentlemen, here is a young girl of 20, who has a hard growth in the neck. This growth is to be felt as a sharp edge abrupt about one and a half inches above the clavicle. From the first the desire was to ascertain whether this was a tumor proceeding from within or growing perhaps from the clavicle, that being the most natural source of growth. My first examination, therefore, was along the line of the clavicle and passing my fingers down deep I found the subclavian artery enlarged, beating very rapidly and irregularly, and passing above that I found that this sharp point extended upwards, running upon the outer side of the sterno-mastoid muscle. That hard substance seemed to follow this line and I can feel a distinct line for this hard substance from that point up to the body of the spine. What is this tumor? From the feel I am satisfied that it is a bony growth and as it has no origin below and there is no possibility of finding where it could originate from the clavicle or first rib—therefore, following this up, I am satisfied that it must proceed from the body of the vertebræ. We have here a bony growth which undoubtedly occupies a very unpleasant situation. For the past two weeks she has had a great deal of pain in the back of the neck and in the back of the head. Here is another proof that this bony tumor must proceed from the spine and presses upon the nerves which come off from the cervical verterbær. Therefore we have here a cause for this pain. That she had a great deal of pain

in the back of the head and neck is evidence that this tumor is producing neuralgic trouble. There is no doubt but what this tumor has grown internally. The tumor is growing downwards and possibly may press upon the subclavian artery on the left side.

This is one of those painful cases gentlemen which we are obliged to look at in the light of interference and non-interference. Where there is a great deal of suffering sometimes it is necessary to undertake what may be regarded as a dangerous operation and perhaps offer very little chance of improvement or relief to the patient; but at the same time the patients frequently look toward having a certain amount of interference in order to relieve that intense suffering. Therefore, if a bony growth or tumor can be removed, pressing upon the nerves and producing terrible pain and suffering, it has got to be considered whether we can do it with safety to the patient in the first place and whether it is a proper surgical operation. In a case like this you would not have the nerves pressed upon higher up where they come out from the spinal column, but we may have them pressed upon lower down and giving rise by reflex action to pain in the head and neck. It might become necessary to remove simply the portion pressing upon the nerve and not remove the entire structure. It is very rare to find bony tumors especially in young girls. This patient has been treated with anodynes often palliative to relieve the spasmodic pain; but these are remedies that do not cure but simply relieve pain. She has taken doses of bromide of potassium and bromide of sodium and a little digitalis to control the action of the heart. The subclavian vein is enlarged, which has a tendency to produce considerable congestion about the parts in relation, and to give rise to heart pain. This is a case where we treat symptoms instead of treating the disease.

Case II. Strumous Abscess of the Hip.

Now, gentlemen, here is another form of tumor. This child has had a swelling for eight months on the outer side of the left thigh. The question here at once arises, is this tumor the result of hip-joint disease or not? This is a question to be decided. In looking at this tumor we almost have a right to think that perhaps it may proceed from something of that kind, but there is very little difference if any in length of the leg. There are not the symptoms attending this case that we would expect in eight months' disease of the joint. When the child bends the knee she complains. There is not a great amount of pain upon motion of the limb. The question is resolved to what is to be done here, even admitting that it should be connected with the joint. Here we have a large abscess undoubtedly which should be relieved. We feel for fluctuation. Here let us remember that there are many things which simulate fluctuation. Different forms of malignant tumors, all fatty tumors simulate fluctuation to a certain extent, but there are other appearances about it which are recognized immediately. Here we have a uniform swelling and a fluctuation not very deep and an abscess. Whether this is a question of abscess or not is very important. It is certainly not very inflammatory. It is now gradually forming and increasing for a period of eight months, and nothing will relieve it until the matter is let out. The point is whether this abscess is connected with the bone. Is it necrosis in the shaft of the bone or is it necrosis in the head of the bone. I doubt it, because the child does not present the symptoms of disease of the hip-joint.

The proper plan is to open the abscess and let out the matter and thus relieve the child. Always make the opening as low down as you can. This is a strumous abscess undoubtedly, as shown by the peculiarity of the matter which is thrown out. When I make an opening in an abscess I do not trust to nature to keep it open, for I know that nature is too kind. It will try to close it up, so I introduce a piece of lint. I put a flaxseed poultice on so as to set up healthy suppuration. I should also give this child a good tonic, and the iodide of iron is the best for this child. It should also be fed well, with good soup, raw meat and plenty of good nourishment.

Case III. Syphilitic Synovitis.

Male. Gives a history of injury to knee-joint. He fell forwards and struck upon the knee. Since then the knee has been swollen and it is very painful. There was swelling there from rheumatism before. Now, gentlemen, you observe there is a very extensive enlargement of the left knee. I first examine the patella and see if it is attached or not. If you examine the joint laterally on the sides of the patella you will find that if there is a point of fluctuation it is to be felt in this situation. Now we get fluctuation to a certain extent.

This case differs from similar cases of synovitis in the extent of the injury. The knee does not pain him when he walks. I also find that there is some enlargement of the condyles. The fluid here would not be so

firm and intense if it was purely a synovitis' but there is an additional disease of the bone' As he bends the knee there is crepitus. This is because of the amount of synovial fluid that exists in the joint. This man had syphilis twenty-eight years ago and his rheumatism was undoubtedly dependent a great deal upon his syphilitic trouble. This trouble before us is certainly of a syphilitic nature. He had rheumatism of the knee and fell, striking the joint. Now the falling and striking the knee is a provoking cause. We are really met with a very serious disease here. The patient should be put upon constitutional treatment, and have local applications made to the joint.

There is no apparent erosion of the head of the bone, in case of which he would have pain. If he were to remain still, that joint would become more inflamed, and for a while perfectly anchylosed. Therefore the motion which he gives to it is perfectly proper and should be kept up. Iodine is the mainstay in reference to local applications in synovitis. The blister is very important, but you cannot blister a man when he goes about. He must keep quiet. I think that the knee should be strapped; not entirely so as to interfere with motion, but over the anterior surface with pieces of plaster of gum ammoniac, which is stimulating, and mercury mixed together, spread upon leather, leaving a portion open behind in the posterior postion of the knee so as not to interfere with motion and circulation. The mercurial acts as absorbent and will help to diminish the enlargement. Gum ammoniac keeps up counter irritation.

Tumor of the Neck.

Case IV. Our next patient, gentlemen, has a tumor of the neck which is movable although firmly attached. It has a very firm dense hard touch. This is of two years standing. I consider it a fibrous tumor. Whether malignant or not can only be decided after it is removed. I think that the mass can be removed. It is a dangerous and delicate operation, however, requiring a large incision in the neck and a careful dissection along the nerves, and veins of the neck. I have already removed a piece of the internal jugular from a man after tying above and below and the patient got well. I think it is a perfectly proper and justifiable operation. I think that I can remove this mass. Of course it will require a very careful, slow and patient dissection, but I think it can be removed. The internal set of the cervical glands are involved here. The tumor therefore lies under the sterno mastoid muscle.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, April 11, 1885. The Vice-President, Dr. Jordan, in the Chair.

Sarcoma of the Lachrymal Gland.

Dr. Alt, some seven months ago, saw a gentleman aged 47 who was affected with ptosis of the left upper eyelid and paralysis of the external rectus muscle. These were the only two symptoms that a searching examination disclosed, except some diminution in the patellar tendon reflex. The diagnosis would have been cerebral syphilis, but the family physicians said that the patient had never contracted the disease. He thought that it was due to excessive venery and the symptoms were looked upon as the precursors of tabes. Mercury was first given and then strychnia, but the man did not improve although he got no worse. He left for Florida for some lung trouble, but returned considerably emaciated and with an exophthalmos. The speaker saw the patient three weeks ago, in consultation, on account of his eye trouble. There was an agonizing pain in the left side of the head and the eyeball protruded nearly two-thirds. No tumor could be found behind the globe, which protruded straight forward. The lid was still ptosic and an ophthalmoscopic examination revealed absolute atrophy of the optic nerve. The diagnosis was a tumor of the optic nerve. It was decided to operate and preserve the eyeball. This could not be done, so it was enucleated and instead of finding a tumor of the optic nerve a spindle celled sarcoma of the lachrymal gland was removed. So far tumors of the lachrymal gland, which have been recorded, have not been of this nature. The points of interest are that a tumor of the lachrymal gland should form behind the eyeball and press it straight forward like tumors of the optic nerve generally do. No such case has been reported, as far as the speaker can recollect. Another point is that of the nature of the tumor.

Dr. Hulbert inquired what the prognosis was.

Dr. Alt said that he operated merely to make the patient's last months more endurable. If he had no other disease the operation was radical enough to have saved his life.

Dr. Pollak regarded the case as a very unusual one.

Dr. Dickinson thought the case interesting also from the fact that it illustrated the law of isolated conduction. As to the prognosis, the doctor said he did not remove the tumor to save the man's life. The question often comes up as to the propriety of removing an eye when death is imminent in a few weeks. Still on account of the great pain the patient suffers, especially in glioma, enucleation is always indicated. Again the only chance of benefit, if there be any, also lies in the operation.

Dr. Williams thought that the fact that the external rectus and levator palpebrarum were paralyzed might have located the trouble to some extent. It is known that in affections of the brain the nerves supplying these parts are not affected simultaneously, unless the brain trouble be so extensive as to involve almost the entire structure. He then recounted the history of a case of cyst of the optic nerve, the walls being a quarter of an inch in thickness. He had also seen another case. The diameter of the nerve was nearly equal to that of the eye-ball. In these cases the globe was pushed straight forward. Whenever the eye is pushed forward the inference is that it is a tumor of the optic nerve or one from the apex of the orbit, but these theories are deceptive.

Dr. Alt could not see how a diagnosis of tumor of the lachrymal gland could be made from the symptoms presented. In regard to the two cases of cysts of the optic nerve, he could only explain them as myxomata. No cases have yet been reported where the nerves were transformed into cysts.

Dr. Williams did not wish to criticise the doctor's diagnosis, but wished to say that the paralysis of these two muscles would lead him to look for the trouble in the orbit rather than in the brain.

Traumatic Aneurism of the Internal Carotid.

Dr. Prewitt recently saw a colored woman who had been shot by her husband. The bullet struck the malar bone just below the level of the zygomatic process, passed through and could not be found. This was three months ago. An aneurism developed which was quite prominent externally, but more so internally. The tonsil was pushed inward until it rested on the uvula. There was paralysis of the right vocal cord and a coarse voice in consequence. A week ago he ligated the common carotid just above the omohyoid. This arrested the pulsation of the tumor immediately, but in about an hour there was a slight return current. The matter was so serious that the incision was extended up to get at the artery above the sac. He could not find a part of the artery that was not included in the sac up to the carotid foramen. The propriety of opening the sac and reaching the other end of the artery that way was discussed, but not attempted. It is too soon to determine what the result will be. To-day no pulsation was found in the sac. A little bleeding was found from the wound above and from the mouth. If the sac was still pulsating there would be fear of secondary hemorrhage at any moment.

Dr. Dickinson inquired what the source of the pulsation after ligation was.

Dr. Prewitt attributed it tothe return current from the brain and to some branches of the external carotid. Not long ago he saw

A Cartilaginous Tumor of the Abdomen.

The woman came, supposing it to be ovarian. It was a hard, solid tumor that did not originate from the pelvis. It was in the left lumbar region, extended across the median line nearly to the brim of the pelvis. There was resonance in the posterior lumbar region, along the upper margin of the tumor where dullness would be found, if connected with the spleen. There was resonance also over the tumor. The history precluded its being malignant. The tumor has existed fifteen years, and some years ago, Dr. Gregory examined her and advised against a removal. It was very difficult to determine whence it sprang, and an exploratory incision was made It was a tumor of the omentum with adhesions to the abdominal walls and having at its lower part a sharp edge like bone. The right inferior portion seemed to have a nodular projection which was somewhat movable. On the right border the small intestines were firmly adherent and accounted for the resonance on percussion. The tumor was white, hard and struck the speaker as being cartilaginous. Of course such a tumor in this locality would be very remarkable He was unable to determine from what point it sprang as he did not wish to manipulate too much.

Malignant Scarlatina.

Dr. Briggs was called last Monday to see a girl 21 years of age, who, for some months previously was under treatment for constitutional syphilis. When he saw her the temperature was 107°. The skin was hot and moist. No cases of contagious disease had been observed or occurred in the house and she said she felt comfortable except for her throat, and a continuous cough. The fauces were well opened and reddened but not

swollen. The tongue was moist and covered with a thick, wet coat. The bowels were moving and she had soiled the bed on several occasions. Every time she coughed there was a fluid, fecal discharge with a bilious stain. The skin of the breast seemed to be of normal color. The face had a turbid complexion. On the forearms and back there was an eruption which looked like scarlatina. The prognosis given was grave and she died next morning. The affections of the bowels seem to be an unusual thing in rapid invasions of scarlatina. The treatment was the application of cold to reduce the temperature and to tide over the first virulent attack. The discharge from the bowels had a decided alkaline odor. The respiration was 48, but the lungs had enough air going into them, the respiratory murmur being rather harsh.

Dr. A. Green asked what remedies were given.

Dr. Briggs used no internal medicine. He considered the case hopeless when he first saw it, and would like to know what it was if not scarlatina.

Dr. A. Green said that he would use antipyretic treatment in such cases. Of course the cold pack is partly so, but he considers quinine a specific and if that will not do use kairine. Besides that he would have given brandy and rectal injections of benzoate of soda.

Dr. Bremer believes that in scarlatina when the temperature is 107° neither cold, quinine nor benzoate of soda will do any good. It is even now a question whether the reduction of temperature by cold in typhoid fever is of any value, and the temperature reduced by quinine is not permanent. In those cases which the French call "foudroyant" the patient is doomed from the outset. He never saw a patient recover who registered 107° F., although he has heard of such.

Dr. Prewitt said that in scarlatina the eruption was marked in twenty-four hours, and from Dr. Briggs' description the case was not marked enough to make a diagnosis. In regard to high temperature it had a different significance according to the disease in which it occurs. He never saw a case of scarlatina with 106° recover. He did not think any medication would have saved the patient. But there are other conditions besides high temperature which determine the fatality of a case.

Dr. Briggs did not give it as a typical case of scarlatina. In regard to cold applications he cited cases in support of the good they do. Of course care should be taken in applying the cold pack. In many cases he was sure that if a certain period could be tided over, time would be gained to save the patient.

CORRESPONDENCE.

NEW YORK LETTER.

New York, April 11, 1875.

Editors Review: Dr. James Lawrence Little, Professor of Surgery in the New York Post-Graduate School, died on April 4, from peritonitis subsequent to perforation of the vermiform appendix. The doctor, who was highly esteemed both in social and professional life will be greatly missed by all who knew him. He studied under the renowned Willard Parker, graduating from the College of Physicians and Surgeons in 1860. Dr. Little, besides contributing liberally to medical literature occupied many honorable and responsible positions in our societies and hospitals. He was one of the founders of the Post-Graduate school and he occupied for some years a chair of surgery in the Vermont University. He was high authority for the operation of median lithotomy which he had performed very many times. The doctor was about 50 years of age.

On Thursday evening Dr. S. O. Vanderpoel read a paper before the Society of Medical Jurisprudence and State Medicine on Cholera. Dr. Vanderpoel asserted that the disease travelled no faster than men and that the period of its incubation was definitely established. it being a shorter time than it takes for a steamer to cross the Atlantic. In consideration of these views the doctor believes that it is best for our government to examine all passengers and baggage before they start for this country and then if there shall be no outbreak of the disease during the passage there would be no danger in their passing quarantine.

At a recent meeting of the Academy Dr. Wm. H. Draper read a paper on antipyrine and its effects. He spoke especially of its use in controlling the temperature of typhoid fever. He had made use of the drug in his service in the New York Hospital, where he had treated twenty severe cases. He found that the temperature was usually lowered in three or four hours, the pulse decreasing with the temperature. No marked depression of the heart's action was noted.

Dr. Bolt said that he had used antipyrine in the treatment of puerperal septicemia and pneumonia without reduction of temperature. He had noticed increased frequency of pulse with diminished strength.

Dr. F. N. Otis at his clinic showed a very inter-

esting case of a man giving symptoms simulating stone in the bladder. The doctor excluded this, however, and referred all his symptoms to contracted meatus. The doctor teaches that this alone may and often does give rise to reflex symptoms simulating grave genito-urinary disturbance. He has often simply divided the narrow meatus and this alone has cured very many of his patients.

In the recent report of the sanitary inspections made among the poor class of Italians there was revealed a state of affairs almost incredible. To quote the condition found in one locality "two rooms contained nine Italians and an unlimited nnmber of rags and bones. There is but one closet for three houses. At No. 8 resided 21 families with 126 persons. These find their food and scrape the remnants of meats from the bones found in the ash-barrels."

We are of the opinion that the evolutionist would not have to search long among this low order of animate beings to find a good substitute for the "missing link." They furnish a fresh subject for the ethnologist as well as many fresh subjects for the medical students. Surely with a little effort we can see "good in everything."

J. W.

AMERICAN MEDICAL ASSOCIATION.

Members and other physicians who anticipate starting from St. Louis, or going via St. Louis, that are desirous of going on the special, limited, express of Pullman Palace cars that will leave Chicago, on Saturday evening, April 25, at 9 o'clock, on the Illinois Central Railroad—connections will be made at DuQuoin, Ill.—had better secure their berths at once to better facilitate the management providing sufficient sleeping car accommodations. We understand that excursions from other points will make close connections with this train at various points along its route. The coming meeting in New Orleans gives promise of being an eminently successful one, judging from the number of papers that have already been announced and the many fine attractions in and about the Crescent City. In association with this it may be well to announce that living expenses in New Orleans vary considerably but the propects are that "all," will be amply provided for at reasonable rate at places that are convenient to the principal parts of the city. The fare for the round trip from St. Louis via the I. C. R. R., has been fixed at $15. The tickets will be made to extend to June 1. Double sleeping car berths are $5; an entire section $10.

For further information respecting rates, etc., apply at the Cairo Short Line Ticket office, No. 104 N. Fourth street, St. Louis, Mo.

A plan has also been matured by which physicians from Chicago may be returned either via Mobile, Montgomery, Nashville, Mammoth Cave and Louisville, or via Chattanooga and Cincinnati, or via the Texas, N. O. and Pacific R. R. via Little Rock and St. Louis at an advance of $5 on the above rates, including stop over privileges. The same advantage we presume will be accorded delegates from Missouri.

BOOK REVIEWS.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By H. M. Lyman, A. M., M. D. Published by W. T. Keener, Chicago.

This a kind of semi-popular treatise on the various modifications of the interesting condition expressed by the term sleep. There is something extremely fascinating about this condition which seems to be a necessary element of all nature, and its study will not fail to interest every mind capable of deep reflection, whether he is disposed to study it poetically or to subject its associated phenomena to the rigid demands of modern exactitude. The author before us has divided his contribution to the subject thus: The Nature and Cause of Sleep; Insomnia or Wakefulness; Remedies for Insomnia; Treatment for Insomnia in Particular Diseases; Dreams; Somnambulism; Artificial Somnambulism or Hypnotism.

The domain of medicine is a "free country," and although the author is a teacher of recognized and long standing we venture to criticise the title which he has selected for the discussion of the various chapters given above. It is not our business to suggest a better title, but it will be evident at a glance that "insomnia" is not a proper title under which to discuss the varied phenomena of sleep. As to the style we find it sometimes a little too indefinite not to say inaccurate. Take for example the first phrase, the definition of sleep: "Natural sleep is that condition of physiological repose in which molecular movements of the brain are no longer fully and clearly projected on the field of consciousness."

Considering that the subject treated of refers to a condition which interests about one-third of our whole existence, we have no doubt the book will find many readers.

COCAINE AND ITS USE IN OPHTHALMIC AND GENERAL SURGERY. By H. Knapp, M. D., With Supplementary Contributions by Drs. F. H. Bosworth, R. J. Hall, E. L. Keyes and Wm. M. Polk. Published by G. P. Putnam's Sons, New York. Chicago: Jansen, McClurg & Co.

This book contains the substance of what has been written on cocaine. If there is any one who is not acquainted with its therapeutic properties he can read of them here.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 17. CHICAGO AND ST. LOUIS, APRIL 25, 1885. TERMS: $3.50 A YEAR.

THE PRESENT STATE OF OUR KNOWLEDGE OF THE COMMA BACILLI OF KOCH.—In a paper bearing the above title contributed by E. Klein to the British Medical Journal, April 4, 1885, the precise position of the author with regard to the comma bacilli of Koch is defined in the following paragraphs:

a. Koch maintains that, in acute typical cholera, the lower part of the ileum swarms with the comma-bacilli, "almost a pure cultivation." In order to uphold his theory as to the relation of the comma-bacilli to the disease, it was essential for Koch to show that such a condition really obtains; for, the comma-bacilli being absent from the blood and other organs, and they being present in the intestine only, he was necessarily led to assume that they produce a chemical ferment which is absorbed by the system, and which produces the symptoms of the disease. In severe, rapidly fatal cases, the amount of this ferment must be great, and consequently also the number of the bacilli producing it.

But the facts are opposed to these statements, for the number of the comma-bacilli present in the lower part of the ileum stands in no relation whatever to the severity of the disease. Besides, there is this fact, that, contrary to Koch's assertion, the whole of the small intestine in several typical rapidly fatal cases presented an uniform appearance, the alterations extended equally to the whole small intestine. But in these cases, there were no comma-bacilli present except in the lower part of the ileum, and here they were present in very small numbers indeed, the post-mortem examination having been made very soon after death.

b. The comma-bacilli of Koch do occur occasionally in the tissue of the mucous membrane of the ileum, and they can then be easily demonstrated by the ordinary methods of staining; but in these instances, I maintain, either owing to delayed post mortem examination, or owing to the patient having remained *in articulo mortis* for some hours, the comma-bacilli, as well as other bacteria, have immigrated into the tissue from the cavity of the ileum. Such cases will be minutely described in the report of the English Cholera Commission. Several typical rapidly fatal cases have come under observation, in which the most persevering search, the most approved methods of staining—and a good many methods generally used for staining of bacteria in the tissues, as well as new modifications of such staining methods were employed—did not reveal a trace of comma-bacilli or any other bacteria in any part of the wall of the intestine, inclusive of the lower part of the ileum at and around the Peyer's glands, not even in the superficial epithelium, loosened, but not quite detached.

c. From this the conclusion is inevitable, that the comma-bacilli occur only in dead tissues—the fluid and mucous flakes in the cavity of the intestine; and, as we descend towards the lower part of the ileum, their number increases.

d. As far as the observations hitherto go, there is no doubt whatever that the comma-bacilli of Koch are a distinct species, characized by their behavior in cultivations in gelatine-material, and that this distinct species occurs in the intestine of human beings suffering from cholera; but whether they occur here in numbers in consequence of the peculiar condition of the intestine in this disease, or whether they are the cause of it—that is to say, whether *post hoc* or *propter hoc*—is, I maintain, an open question, which Koch has not proved, and which he has not attempted

to prove. And this question will remain unanswered until the examination of the intestine, under precisely similar but not choleraic condition (that is, distension of the intestine, and exudation into it of clear fluid and mucus flakes) is made, and until it is found that these same comma-bacilli are always absent. That I should be obliged to prove this (as I am supposed to be by a "Fellow of the Societv," see this Journal, March 28, 1885, page 675), I cannot admit; this is manifestly the business and duty of Koch, who maintains that these comma-bacilli are present only in cholera. But I propose shortly to make such an examination, and Dr. Moreau and Dr. Lauder Brunton have indicated a method of establishing such a condition.

e. I maintain that the salivary comma-bacilli, after acclimatization through neutral nourishing media, are capable of growing in gelatine nutritive material, and then present the same appearances of growth as the choleraic comma-bacilli. Koch's comma-bacilli themselves, under varying conditions, show similar variations (as will be fully described in the report of the English Cholera Commission). To mention one only: When the choleraic comma-bacilli are mixed with hydrochloric acid (1: 1000) for from ten to fifteen minutes, and when, after this, they are sown into alkaline nutritive gelatine, they do not grow at all or only with great difficulty; but, on sowing them after the treatment with hydrochloric acid in alkaline broth, they grow well, and, then transferred to alkaline nutritive gelatine, they show copious and typical growth.

f. I maintain that the small straight bacilli, which were mentioned by the English Cholera Commission as occurring as constantly as the comma-bacilli in the choleraic intestine, free, in clumps and in the substance of lymp-corpuscles, are a distinct species; their very minute size (one-fourth to one-sixth of that of the comma-bacilli), their permanent shape, and their behavior in cultivations (they do not liquefy gelatine, and grow chiefly and best on the surface of the nutritive material) prove this conclusively. That the comma-bacilli show variations in length and curvature when grown under various conditions, with this I am perfectly familiar, and these variations will be minutely described in the Report of the English Cholera Commission (see also Koch, Fig. 3, p. 8, of his pamphlet).

g. The experiments performed by Koch on animals in Egypt and in India, as well as other inquiries, led him to say that cholera is not transmissible to the lower animals. Koch had, in several instances, death in animals (rodents), after inoculation with comma-bacilli and he has ascertained that the comma-bacilli, are capable of growing and multiplying in some of these animals; but, nevertheless, he accepted the death of these animals as due to septic poisoning (see his pamphlet). Not only experiments by subcutaneous inoculations and feeding were performed by him in great numbers, but direct injection into the duodenum was practiced (see his pamphlet, p. 28), but no result was obtained. Now we are told that he considers, with Nicati and Rietsch, the injection of choleraic comma-bacilli into the duodenum of dogs productive of fatal disease, owing to the pathogenic properties of these bacilli. A large number of such experiments were made by me in Calcutta on rabbits, cats, dogs, and monkeys, with choleraic mucus-flakes full of comma-bacilli, with pure cultivations of choleraic comma-bacilli, and no result was produced. Mr. Horsley, Professor at the Brown Institution in London, has made for Mr. Dowdeswell and myself a considerable number of such injections into rabbits, guinea-pigs, and dogs; no result followed. But admitting for the sake of argument that Koch has discovered a method by means of which he can produce death in dogs after injection of the comma-bacilli, is this cholera, and does this prove that the comma-bacilli are the cause of cholera in man? Do we not know that there occurs in normal human fecal matters a species of bacillus, isolated by Bienstock, which produces fatal disease in some rodents? Do we not know that in normal human saliva there occurs a species of bac-

terium (isolated by Pasteur and Sternberg) which produces fatal disease in animals? Is it not known that rodents, particularly rabbits, die sometimes after slight operations, and with symptoms of diarrhea, no bacteria of any kind being found in the blood? I have isolated from human pneumonic sputum a micrococcus which produces fatal disease in rabbits, diarrhea being one of the prominent symptoms.

Abscess of the Spleen Cured by Aspiration.—In the Centralblatt für Chirurgie a case is recorded by Parzewski in which a man, after taking a draught of very cold water, was seized with violent pain in the left side. He stated he had been attacked in a similar way about five years before. In two weeks from this time the patient became much emaciated, and a fluctuating swelling appeared in the region of the spleen, stretching forward towards the ensiform cartilage. There were also symptoms of a pleurisy on the same side The side was punctured with a morphia syringe, and a serous pleurisy was discovered, with an abscess of the spleen, which abscess was aspirated, and found to contain a dirty red fluid consisting of pus and many broken down blood corpuscles. In the course of five weeks the aspiration was twice repeated, about a pound and a half of fluid being evacuated on each occasion. Five weeks after the first aspiration the patient left the hospital well, the spleen being but slightly enlarged.

The Dyspnea of Bright's Disease.—A communication in the Canada Medical and Surgical Journal (Practitioner) on the varieties of dyspnea met with in Bright's disease, by Dr. Howard of the McGill University, illustrates the following points: (1) That marked dyspnea may occur in Bright's disease not due to gross lesions in the lungs, pleura, or heart, such as inflammation or edema of the lungs, hydrothorax, or pleurisy with effusion, endo- or peri-carditis, or valvular disease. (2) That it may be continuous dyspnea, or of paroxysmal character, resembling ordinary spasmodic asthma; and that these types may occur in the same case, although, in my experience, the continued variety is more frequent than the asthmatic. (3) That these forms of dyspnea may occur as the prominent symptoms of renal disease, and their origin may escape recognition if the urine be not carefully examined, as well as the heart and pulse. (4) That Cheyne-Stokes respiration is often a symptom of Bright's disease, and that it obtains in both acute parenchymatous and in chronic interstitial nephritis. (5) That while usually an evidence that the fatal issue is near at hand, it may occur in a chronic form, and may occur for weeks, perhaps even for years.

(6) That these several forms of dyspnea just mentioned are very probably due to that defective renal elimination called uremia. (7) That in the acute forms of Bright's disease, serious or fatal dyspnea sometimes, but rarely, occurs in connection with effusion into the submucous membrane of the larynx (edema glottidis).

Chylous Ascites.—The Practitioner takes the following notes from the Revue de Médecine: Milky effusion into the abdominal cavity is of rare occurrence, especially in children. A well-marked case of this kind was observed recently by Dr. Letulle. The patient was a boy, aged eight years, who some two years before coming under observation had a first attack of articular rheumatism. A second seizure occurred about a year afterward. Both times the heart was implicated in the rheumatic affection. Edema, ascites, and dyspnea soon developed. Intense pains in the lumbar region came on. Anorexia, vomiting, insomnia, and restlessness were added to his sufferings. It was decided to remove some of the fluid from the boy's belly, and on puncture about two quarts of a milky liquid escaped. Microscopical examination showed it to be largely composed of emulsified fat. In commenting upon this and similar cases, the author concludes that in all cases of chylous ascites in which an autopsy was obtained, the chief lesion consisted in

chronic peritonitis. This was due either to tuberculosis or cancer, or to simple serofibrinous inflammation. A chronic inflammatory element was almost constantly present, and must be held largely responsible for the occurrence of chylous ascites. The same applies to chylous pleurisy. A granulo-fatty degeneration of the products of inflammation, namely pus, and fibrin, accounts for the milky appearance of the effusion. In the serum of the latter the oily globules and granules are suspended, forming a real emulsion.

Bleaching Sponges.—According to Items of Interest the subjoined method answers well: Remove the sand by shaking; wash the sponges in hot water, and press as dry as possible. Then place in a bath of dilute muriatic acid for half an hour, remove, and after washing well in hot water, place in a bath of fresh acid, to which has been added six per cent. of hypo-sulphite of soda, and allow it to remain for twenty-four hours. The sponge is then finished by washing in water and drying.

Sub-mucous Injections of Chloroform.—M. Gaspard Guillot writing to the Progrés Medical, gives his personal experiences in cases of obstinate dental neuralgia and alveolar abscess, and says he finds this plan useful. Two or three drops are usually injected at a time. Dr. Doss, who had given a large number of the injections, has met with marked success. The pain was quickly subdued without bad results.

Jacksonian Epilepsy.—An interesting contribution to the pathology of a typical case of Jacksonian epilepsy is given in the American Journal of Medical Sciences (Practitioner) by Dr. William Osler. The case was that of a girl who died at the age of fifteen years and nine months, having manifested the epileptic phenomena for more than fourteen years. She had been healthy up to the age of sixteen months, when she had a fall on to her head, though for five months after this no symptoms referable to the brain were noticed. From that date she became liable to attacks of spasms lasting for about seven months, and then disappearing for as long an interval; on one occasion she was free from them for a year. The spasms always began in the left hand, and after a time the leg became affected, the spasm beginning in the toes, the face being affected last. There was never any loss of consciousness, and in the intervals between the spasms the patient was quite well, Thus it is said that if a spasm happened to seize her whilst she was at dinner, she would get a pillow and place it on the floor, and then lie down until the spasm was over, when she would return to her dinner. When she was about eight years old the left leg became weaker and the foot began to turn in, and from that time contracture remained, but the arm was never in the least degree stiff. From the time that she was eleven years old the fits became more frequent, and she was at one time unconscious for six weeks. For the last ten months of her life she was free from spasms. Her intellectual faculties were unimpaired throughout. Death took place during a paroxysm of convulsions. On examination of the brain a small firm glioma was found in the white substance immediately below the cortex, but hardly if at all invading the grey matter, at the upper part of the ascending frontal convolution. The case affords, as Dr. Osler points out, confirmation of the view derived from Ferrier's experiments as to the seat of the leg centre, and is quite in harmony with the pathological experiences of MM. Charcot and Pitres on this point. Dr. Osler was led to infer that the growth had always been small, and in the earlier stages of its development, though causing irritation enough to set up the convulsions had not involved the white fibres coming from the leg centre to such an extent as to produce the permanent contracture.

Urticaria and Dyspepsia.—The relation between these two affections is well illustrated in a case reported in the Med. Press,

(Med. and Surg. Rep.) by Dr. Banham, who gives brief notes of a case of urticaria occurring in an intelligent woman, æt. 25, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that when she sat down to a meal swallowing was often found impossible, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indication of hysteria. Dr. Banham saw this patient for the first time three weeks ago. He gave her careful directions as to diet and attention to the state of the bowels, and ordered her a mixture of bismuth and nux vomica, to be taken before meals. Within a day or two the attacks of urticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.

Medical Men and Medical Societies.—Our valued colleague of the Medical and Surgical Reporter seems to have had an attack of acute disgust, complicated by melanopy. In this condition the following true state of affairs became revealed:

"We have been tempted every once in awhile, after coming away from a meeting of a medical society, to vent our views on the question of the interest taken by medical men in their societies, as evidenced by the attendance upon the meetings.

At a recent meeting of a very prominent society twenty sleepy members were in attendance, and before the meeting was over some of these had slipped away. It is a rare sight to see the hall of any medical society respectably filled, unless it be on some occasion when a supper is to follow the meeting, and then the majority of the members come straggling in late. As we take it, medical societies are supposed to be scientific, and not gastronomic organizations. Of course, we do not mean to belittle the importance of catering to a man's stomach. By no means; for we can well remember a crude, anatomical diagram (seen many years ago), wherein, (the thoracic and abdominal viscera being represented) it could be seen that the nearest way to a man's heart is through his stomach; but we ask whether in scientific bodies a little catering to the mind would not be more appropriate. It was said (very bluntly, it is true, but we fear very justly) by the chairman of the committee of arrangements at the last meeting of the Pennsylvania State Medical Society, that the majority of the papers there read were not worth listening to. Is not the same true of many of the papers read before medical societies? We are not now speaking only of our local societies, but of all the societies of the land, even up to the august American Medical Association. Does not the character of the papers read account in a great measure for the emptiness of the seats? Many of the papers read before the societies are mere rehashes, with no earthly use for their delivery save the author's, or rather compiler's, thirst for notoriety. We do not wish to growl, but we would suggest to those who wish to attract the profession to the meetings of the societies, to spread for them a rather more select mental repast than is usual."

A New Imbedding Process for Microscopic Work.—Dr. M. N. Miller of the University Medical College, New York, contributes an article to the New York Medical Record on a new imbedding material. He calls attention to certain drawbacks and disadvantages of paraffin and celluloidin for permeating and imbedding delicate tissues. He states that the principal desiderata in an infiltrating and imbedding mass seem to be: First, the material should readily permeate the tissue, and that without special maceration in fluids other than the usual hardening reagent; second, it should readily dissolve from the sections without leaving them brittle; third, the process must not alter the tissue so as to modify the usual staining effects; fourth, the whole method should be susceptible of rapid execution without delay. Furth-

er, it is desirable that the materials employed be inexpensive and easily obtainable.

Such a mass Dr. M. has found in bayberry tallow. He states that bayberry tallow is firm and solid at ordinary temperatures, and is soluble in warm alcohol.

The following is the method of procedure: "I take a piece of tissue from the alcohol in which it is usually kept after most of the hardening processes, and, without further preparation, place it in a cup of bayberry tallow. The temperature need not be above what can be borne by the hand. In practice, I place the cup on one of the steam radiators used in heating the laboratory. A small water-bath would be a convenience. Fifteen minutes will suffice for tissue ordinarily permeable, when it is removed with the forceps and placed immediately upon a cork to cool. It is now ready for cutting. The knife may be flooded with alcohol or kept dry, as may be preferred.

To remove the tallow from the sections they are brushed into a dish of strong alcohol, and placing the same in a water-bath, the temperature is raised to near the boiling-point of the spirit. This might seem a dangerous procedure, but the tissue is in no way injured. A second washing in hot alcohol and the sections are ready for staining. I am at present using benzole for the removal of the tallow. The sections are dropped into benzole at the ordinary temperature, and the tallow is instantly dissolved. A second rinsing in benzole is given when the sections are put into alcohol, from which they are taken for staining.

Bayberry tallow does not contract in cooling, and the relations of structural elements of tissues are most perfectly preserved. I have lately used this process with the most delicate tissues, where it was exceedingly important to preserve the parts intact, and have succeeded beyond my expections. The sections stain perfectly, and as far as I can see, tissues are not altered in the slightest degree by the process. The benzole used for the second rinsing may be saved and used for a subsequent primary washing. It should be borne in mind that benzole is very inflammable. Should the tissue break loose from the cork, it may be re-attached with paraffin, using a hot copper wire. A piece of No. 8 wire six inches long, stuck in a wood handle, is useful for this purpose.

The tissue will keep indefinitely after having been infiltrated with the tallow, if the precaution be taken to completely cover the surface with the same."

Pulmonary Rheumatism.—The Medical Record abstracts The Revue Médicale: In a recently published thesis, M. Lebreton presents the results of his studies on the pulmonary manifestations of rheumatism. These may occur, he states, independently of any articular affection, in subjects who have previously suffered from rheumatism, or who come from a rheumatic family. Pulmonary rheumatism occurs under two distinct forms, the pneumonic and the edematous. The former is not necessarily associated with a cardiac implication, but may occur when the heart is unaffected. The facies in this form is peculiar, and does not at all correspond to that of ordinary acute pneumonia. The face is pale, and it, as well as the entire body, are bathed in profuse acid perspirations. The stethoscopic signs are fugitive, and may be located at the right apex to-day, and to-morrow may be at the left base or may have disappeared entirely. In the edematous form the symptoms vary greatly in intensity. There is first difficult respiration, the face is pale, the body is covered with perspiration, the chest is filled with râles, indicating a general bronchitis. The heart is normal. Sometimes the symptoms come on so suddenly and with such intensity that the patient may be carried off in a few minutes. In addition to these two distinct types there are frequently pulmonary manifestations of rheumatism under the form of congestion. Of these three clinical varietes are to be noted: 1. Hemoptysis. In rheumatic subjects there may be frequent and profuse hemorrhages from the lungs without any tubercular trouble 2. The remittent form. Here we

meet with remittent or intermittent attacks of dyspnea, more severe at night, and due solely to rheumatic congestion of the lung. 3. The latent form. This is characterized by the single symptom of a peculiar sound, resembling the crepitant râle of pneumonia, heard in inspiration and most frequently the right axilliary line at the junction of the upper and middle third. The treatment of pulmonary rheumatism consists in the administration of salicylate of soda or of iodide of potash for the persistent manifestations and of sulphate of quinine for the hemorrhagic and remittent forms.

Effect of Ether on Urinary Secretion. —Dr. C. H Hughes of St. Louis contributes a clinical note on ether in the following communication to the New England Medical Monthly: Ether douches for local anodyne, antipyretic and antihyperemic influence have been for a quarter of a century a favorite therapeutic procedure with the writer, and within the last decade especially have been quite extensively employed for the immediate relief of cerebro-spinal pain and for causing the suspension of acute delirious states, the patient so affected being placed near an open window in a large and otherwise unoccupied room and the ether being profusely poured on the head and fanned rapidly and constantly away(always from the face) until evaporation is complete and cerebral quiescence is secured, pending the administration of internal tranquilizing agents. This use of ether has been communicated to the profession before. The purpose of the present note is to call attention to an incidental effect of ether douching, viz.: The Suppression and diminution of the urinary secretion under its frequently repeated use. This effect has hitherto been observed by the writer, but the effect having been transient and the ether not having to be often repeated in most cases, the occurrence of suppression was attributed to other causes.

But some cases lately observed have convinced the writer that ether long continued in large quantities will suppress the urinary secretion, if care be not taken to prevent inhalations.

ast case in which this effect was observed was a lady over sixty years of age, having accessions of delirium usually without fever,but sometimes with a temperature of 101°, and insomnia,with a present and previous history of petit mal.The applications were directed in the case pro re nata and intrusted to other (non-professional) hands than my own. The amount of urine secreted fell to six ounces in twenty-four hours. An examination of this urine revealed no marked excess of its salts as shown by specific gravity test. For lack of time no other test was made. There was no albuminous or saccharine change.

The repeated recurrence of this phenomenon and the prompt return of the normal amount of urine under diuretics and the suspension of the ether applications were convincing.

We find in this fact a new resource in polyuria.

Ether Douche and Galvanism.—In the same article Dr. Hughes relates the following incident:

The danger of using the ether douche and static electricity at the same time, revealed itself to the writer in an incident which happened to one of his patients recently. The patient was being treated for a cerebro-spinal trouble, and had received a descending fronto-cervical constant current and a liberal douche of sulphuric ether to the top of the head. The patient was immediately thereafter conducted to the static insulated stool, and as the roller was applied up and down the spine, the ether on the head ignited. The patient had on a wig which caught fire, but the fire was promptly suppressed—though it for a moment blazed up brightly—by clapping hands on the burning head and smothering the flames. The precaution to be deduced is to never apply ether till after the use of the static battery, when the latter and the former are both indicated.

Suggestions upon the Relation Between the Diet and Growth of the Tubercle Bacilli.—The Maryland Medical Journal refers to the Croonian Lectures on the "Hygiene and Climatic Treatment of Pulmonary Phthisis," delivered at the Royal College of Physicians, last month and says "that the author, Dr. Hermann Weber, calls attention to a subject which has not been referred to hitherto in this connection, but which may be found hereafter of very great importance in connection with both the prophylaxis and therapeutics of this formidable disease. It is well known that the minute organisms which are known or supposed to be concerned in the production of disease, like the more highly developed, need certain kinds of food for their life and growth. In the case of the aspergillus niger it has been shown by researches of Dr. Ducleaux that a liquid containing certain saccharine alkaline and mercurial ingredients may be prepared which will cause the spores of this fungus to develop so as to weigh 25 grammes. Now, by leaving out the potassium the result will be one gramme only, or 1-25 of what it was. If the phosphoric acid be omitted it will fall to 1-200, and if the ammonia to 1-150; if the zinc to 1-10. In other words the zinc, which represents only 1-50000 weight of the nutritive fluid, increases the crop of the plant by 700 times its own weight. It was also found that the addition of 1-1600000 of nitrate of silver checked the growth at once. Now we are perfectly justified in assuming that a similar relation exists between the tubercle bacillus and the constituents of the tissues, the blood and cells, especially the saline materials. What elements those are which form the growth of this bacillus remains to be determined. If we could ascertain their nature and could limit the amount in which they enter into the blood and tissues without harm to ourselves by abstaining from food containing them, the result might be highly beneficial in that we would have the means of starving out the organism. The subject is enveloped in great difficulties, but it promises rich results, and should enlist the interest and labors of our best experimentalists. The study should include also an investigation of other agents capable of affecting the growth of the organism. In this connection the views of Drs. Salisbury and Cutter, with reference to systematic dieting, become of interest since they claim remarkable results in the treatment of consumption by a strict regulation of the diet, although they have not adduced any evidence, so far as we are aware, showing any influence upon the life history of the bacilli such as is above referred to."

Are Human Bites Poisonous?—The views of the New England Medical Monthly on this subject are contained in the following editorial: The comments of the Lancet on a case of alleged death following the bite of an epileptic patient, suggests the inquiry as to whether such bites are followed by more disastrous effects than wounds of any other character. There is some evidence to show that such is the case. It is a well-known fact that the tendency of deep emotions, such as fear, anger, etc., is to produce changes in the character of the secretions, the nature of which we do not yet understand. An example of this is the fatal effects upon children of milk nursed from mothers who were suffering from intense mental disturbance. In addition, it has been remarked by those having a large experience, that cellulitis is very apt to complicate wounds inflicted by the human teeth. Abrasions of the dorsal surface of the fingers, caused by blows against the teeth, seem especially apt to take on an unhealthy aspect. Whether this be due to the locality of the injury, the constitution of the patient, or some peculiar poison with which the wound had been inoculated at the time, it is impossible to say. Sometime since, Pasteur made the discovery that human saliva possessed poisonous properties, but whether his experiments have been since verified we have not learned. Many will doubtless hesitate to accept his conclusions, especially if they have not met with cases of this nature. Others will be led by their experi-

ence to unhesitatingly accept them, for, practically as well as theoretically, the theory that, under certain conditions, the bite of the human being is dangerous, is a very plausible one."

Cocaine and the Opium Habit.—The folfowing sensible remarks referring to the above subject are found in Ephemeris: The writer has for many years had a correspondence, taking up a good deal of time, in relation to "cures" for the opium habit, and lately this correspondence has increased, and refers to the use of coca or cocaine as this long sought "cure". These letters are generally from physicians, but not infrequently from subjects of the habit or their friends, and the old, old story of having tried the various advertised and vaunted "cures," with the result of finding either that they do no good, or that the cures were themselves some preparations of opium or morphine, the net result being only money in the pockets of the quacks. Cases which appear to be "cured" by the quacks, and there are such, must in reality recover only through the courage and the perseverance of the subjects themselves.

Many physicians, as well as the subjects of the habit and their friends, lose sight of the circumstance that this habit is a vice, like the alcohol habit, and not a bodily disease to be dosed, and this vice absolutely beyond the scope and reach of medication. Almost as well might they expect to cure lying or stealing by doses of drugs. The writer, in common with many others, has known many cases of this habit, and some recoveries from it, but never knew a single recovery that was not due to the moral courage of the subject of the habit. Nowhere are the lines of Cowper more applicable:

"Habits are soon assumed; but when we strive
To strip them, 'tis being flayed alive."

And it is this being "flayed alive" that many subjects of this vice refuse to summon courage enough to submit to. Many do this in every stage of the habit, and all might do it if they would, and "cures" by drugs are only sought through some degree of moral degradation or cowardice, which gives an alluring, but false idea of the word "cure."

Subjects who will morally train themselves up to take hold of themselves, can break the habit either abruptly or gradually, and will recover from its dominion and its effects. Those who will not do this, doom themselves to certain moral and physical destruction. With sufficient courage no help is needed; without it all help is in vain. Restraint either in or out of inebriate asylums or hospitals may aid effectively in breaking the habit, if a good degree of moral courage be summoned as a basis for action; but without moral courage, restraint must be perpetual to be of any use.

When a subject has courage enough, and is in earnest to begin a vigorous campaign against his habit, he soon reaches a stage analogous to the delirium tremens of the alcohol habit, and here the wise andcareful physician may be needed, and medication is often available, the more effective of the nervous stimulants and restoratives being the best agents. To tide over the period of greatest suffering and to relieve it somewhat, whether it be for a day or two, or for a week or two, is quite within the reach of the materia medica, and different agents will be more or less effective in different cases. Alcohol, cannabis indica, coffee, tea, etc., are all available, and in this class coca will take a place, but probably not as a prominent agent. But the salts of the alkaloid cocaine are not likely to be of any use.

Paraldehyde for Delirium Tremens.—Dr. R. B. Gilbert, of Louisville, Ky., relates his experience with this drug in the Louisville Medical News (Virg. Med. Month.) In a case of delirium tremens he attended, after the failure of potassium bromide, valerian, hyoscyamus and morphine to produce sleep, paraldehyde was successful. It was a natural suggestion, since this agent "is a hypnotic, producing a perfectly natural sleep of from two to six hours' duration, from which the patient awakens without any sense of distress, headache, dullness or nausea." The elixir is

an elegant form in which to administer the drug. Flexner's elixir contains two drachms of paraldehyde to the fluid ounce. In fifteen minutes after giving a tablespoonful of the elixir, the patient subsided from violent delirium into a deep sleep which lasted three hours. When he awoke he was not as delirious as he was before. After being awake one hour, another tablespoonful of the elixir was given, and in ten minutes the patient again fell into a deep sleep which continued some six or eight hours. He awoke perfectly rational, without tremulousness or headache, and was able to eat a hearty breakfast. In short, he was well. Such successes will make paraldehyde a substitute for opium or chloral as a hypnotic. It is a pure hypnotic.

Cholera Vaccinia.—The Philadelphia Medical Times gleans from the Lancet: Some interesting and important experiments with attenuated cholera virus have been made by Dr. Ferrán, of Barcelona. Two medical men, Drs. Serañana and Jacques, were inoculated with the virus. At 5 p. m., the former was inoculated with half a cubic centimetre of the fluid in each arm. At 7:30 he began to feel severe pain in the backs of the arms, preventing their free action. This pain, was subject to temporary exacerbations, and at 11 p. m. pyrexia commenced (we are not told whether thermometer was used), manifested by malaise, a burning heat, an irregular pulse of 100 per minute, insomnia, and slight headache. He was, however, able to attend to his practice the following day, though the symptoms continued till eight o'clock in the evening, when they suddenly disappeared. Dr. Jacques was inoculated with half a cubic centimetre of the same fluid in one arm at 4 p. m., and experienced the same symptoms as his colleague, with the addition of a slight rigor and some nausea. Dr. Bertran y Rubio also—a member of the commission appointed by the Royal Academy of Medicine to investigate Dr. Ferrán's researches—willingly submitted to inoculation, and with results similar to those obtained in the cases of Drs. Serañana and Jacques, and, like them, without any subsequent evil effects. These experiments form part of a series of micro-biological researches suggested by the Royal Academy of Medicine of Barcelona, and they were performed in the presence of the commission, to whom Dr. Ferrán exhibited a microscopical preparation, of the liquid injected and of Dr. Serañana's blood eighteen hours after the inoculation, in which micrococci were detected. Dr. Ferrán also put a couple of drops of the liquid attenuation into half a glassful of water and drank it. In order to render their experiments complete, it remains to be proved that such inoculations confer immunity from subsequent similar inoculations, and, what is of more importance still, from inoculation of the cholera virus itself. These researches are to be shortly undertaken; and the Independencia Médica, to which we are indebted for the above account, predicts that Dr. Ferrán will be successful in his attempts to free mankind from cholera and other contagious diseases by means of inoculations of attenuated virus.

CLINICAL LECTURES.

CROUPOUS PNEUMONIA, ETC.

BY A. L. LOOMIS M. D.
Prof. of Pathology and Practical Medicine at the University Medical College, New York.

REPORTED FOR THE REVIEW.

Case I. Croupous Pneumonia Male. Occupation laborer. Has been exposed to wet and cold. First complained on Saturday a week ago with bodily pains in the bones, stiffness of the limbs and pain in the right side which was not severe at first but gradually got worse. On Tuesday morning he had a chill. At night he could not sleep on account of fever. He had cough and some expectoration. On Wednesday morning he went to work again but had to go home and take the bed. He came into the hospital on Thursday. At present (Tuesday) he has little cough.

Many cases of pneumonia, gentlemen, commence in this way. The patient has pain in the side quite severe for some days and then they have a chill. If you listen before they

have had the chill you will find the signs of pleurisy and after the chill you begin to get the physical signs of pneumonia. The physical signs of pnenmonia do not come until the preexsiting pleurisy is well established. These are cases of pleuro-pneumonia. Now there is a great difference between pleuro-pneumonia and ordinary pneumonia. Thus a pleuro-pneumoia will not behave according to the days of crisis of an ordinary pneumonia. The latter goes on steadily until the day of crisis and then there is a gradual res olution.In pleuro-pneumonia the crisis day will be slower and less complete or less perfect. Sometimes months will elapse before all the evidences of consolidation will disappear under the inflamed pleura and more months will elaspe before the signs of pleurisy have disappeared. For instance I have a case in my mind in which a gentleman had pain in his right side for four days. The physician, after performing an operation from which the patient became much fatigued, found that he developed a pain on the right side for four days. On the fourth day there was quite extensive pleurisy. There were no physical signs and no history of pneumonia up to that day. He went home and had his chill. On the next day he had well marked physical signs of pneumonia. This went on until the whole lung was involved and he was very nearly dying of the disease. He was sick four or five weeks before sufficiently convalescent to be changed from his house to a warm climate. This was almost a year ago and to-day I can hear the physical signs of consolidation underneath that pleurisy. It has not all disapeared yet. He has regained his general healthy appearance, but the change in the lung tissue to complete resolution is not reached and these are the cases which you have to watch carefully,for they are very likely to be the starting point in a bad constitution, and especially in an old person, of a phthisical development.

It is said that croupous pneumonia is never followed by phthisis. I do not believe it ever is unless the pleuritic element is the primary and principal element, when it becomes a pleuro-pneumonia. Then the croupous process may be followed by a cheesy degeneration. In ordinary pleurisy you do not have high fever and chill, but this obtains in pneumonia. The patient has a flushed face, not exactly characteristic of pneumonia, but sufficiently flushed to throw out pleurisy as the only disease. He has a respiration of about 30, nearly 10 above the normal. This is the eighth day of the disease and he has a temperture of 99°. The pulse is full and depressed and he is bathed in perspiration. His tongue is covered with a white coating somewhat yellowish. He is not in a typhoid condition. He did not spit blood till Thursday, and the sputum is very tenacious and of a whitish yellow color. This is the sputum of bronchitis.

As to the physical diagnosis in this case, we have dullness on the right side in the infrascapular region as compared with the left. The vocal fremitus is most marked on the right side. In pneumonia the temperature falls on the sixth day, which obtained in this case when it was 100¼°. The pulse of 100, temperature 99° and respiration 30 at present on the eighth day and the fact that the disease has behaved in this way, is against its being pleuro-pneumonia. At the apex of the scapula and below subcrepitant râles are heard, and bronchial respiration. If the pleurisy was a prominent element the vocal fremitus would be decreased. It is, however, very markedly increased on the right side. Even though there was consolidation of the lungs accompanying the pleurisy there would be diminished vocal fremitus, and not increased fremitus. It cannot therefore be pleurisy. This is a case of pneumonia in which there is some pleurisy. Thisobtains ordinarily in pneumonia.Inpleuro-pneumonia we have a pleurisy which gives a large amount of plastic exudation, and which in all probability would give some fluid in the pleural cavity. There are distinct signs of pleurisy where the pneumonia is secondary.

The prognosis is good.

Treatment. Let the patient alone. The stage of resolution has come. If you had seen him when the temperature was 104°, you would give him nourishment and rest. This is a self-limiting disease. Do not interfere with the man until you get some indications for interfering. If the temperature does not exceed 105° let him alone, and in a week or ten days the patient will be convalescent.

Case II. Meningitis. Male aged thirty-two. Patient entered hospital on Saturday in a comatose condition, with temperature 97¼°, pulse 60 and feeble. Has a friend down stairs who says that he was usually a healthy man. His right pupil is more dilated than the left. The angle at the left side is lower down than the right corner of the mouth. There is a little dryness about the lips. He is not very well nourished. His temperature and pulse are below the normal and there is a coldness on the surface. The right side is colder than the left. He gave a history of vomiting when he came into the hospital and was entered as

a case of gastritis. There is no edema of his feet. The discharges pass involuntarily. He has a slight cough. As I press over the abdomen I get gurgling, but no tenderness. The heart strikes on the line of the nipple in the fifth intercostal space and there is no murmur accompanying either sound of the heart.

Percussion gives slight dullness on the right side as compared with the left. The respiratory murmur is higher pitched on the right side than on the left. His head does not fall back as it is raised. It hangs a little towards the left side and passes back with readiness. You cannot bring the chin down upon the chest without a good deal of force. It has a disposition rather to fall backwards and towards the left. There are some mucous râles over the lungs on both sides. He feels pain when pressed over the spinal column at the junction of the spine with the cranium. The left hand drops very quickly. There is no attempt at motion, even to close the hand, on the left side. The right ear is red and the left is white, showing that there is a difference in the circulation. The surface temperature is higher on the left than on the right side. He has a certain amount of consciousness. He appreciates our questions to a certain extent.

Diagnosis.—We can throw embolism out of the question, as there is no cardiac lesion. Being 34 years of age excludes the probability of apoplexy. The fact that the hemiplegia came on slowly is against it. Almost all abscesses of the brain are the result of otitis. Cerebral embolism, traumatic injury, fibrin extravasation, cerebral tumor, cerebral softening or abscess may all cause hemiplegia, besides apoplexy and meningitis. As the history is imperfect there is still more uncertainty about the diagnosis unless some change should occur. It seems as though he had pain first in his head. First his paralysis came on slowly, secondly his paralysis is incomplete. His intellect is obscure. He is in a condition of more or less lethargy. He comprehends slowly. With the history, with the age, with the tenderness at the base, and along the upper portion of the spine, we are led to the idea that there must be some meningeal inflammation. Meningitis precedes abscess and tumors, etc. This seems to be a meningitis which has no exciting cause. The slow pulse, the difference in temperature, difference in the eyes, difference in the circulation of the two ears and the loss of power in the face and left hand indicate meningitis, for these things are likely to occur in meningitis after the pain, lethargy and other cerebral symptoms have disappeared. I think the man has a certain amount of effusion. There may be fibro-serous or fibro-purulent effusion in the pia mater.

In meningitis occurring in connection with syphilis you are likely to have a sub-normal temperature. The meningitis is located at the base of the brain and hemisphere on the right side.

Treatment.—Assuming the diagnosis of meningitis, if it is syphilitic, I would give at least a dram of potassium iodide three times a day and at the same time I would give mercurials. If he has meningitis with purulent effusion it would not make much difference what you do. If he has meningitis with considerable serous effusion, it is important that he should be treated according to the acknowledged plan of treatment in these cases. We should first keep ice-bags applied to the back of the head, as the temperature of the head rises and the pain is great. A bag of hot water at the back of his neck is better than ice water. Attend to the bowels and bladder. See that the discharges are free and produce some counter irritation at the base of the brain in the way of blisters.

At the following clinic Prof. Loomis announced that the patient had improved somewhat. He has been treated by blisters applied to the back of the neck and sufficient opium to make him comfortable. He evidently is improved, although by no means yet well.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, April 18, 1885. The President, Dr. Atwood, in the Chair.

Epithelioma.

Dr. Bremer remarked that some time ago Dr. Mulhall presented a specimen of epithelioma of the tongue in which there was an absence of all secondary symptoms. There was a large hole, crateriform in character, at its base but it did not give the impression of epipthelioma, but of a tuberculous ulcer. On examination, however, it proved to be malignant. He presented two specimens, one from the living subject, the result of an operation

for primary epithelioma of the tongue and the other from the dead subject and secondary. The first of these specimens was from a case in which the disease started with the parotid gland, thenwentto the inferior maxillary bone,connecting it with a cancerous mass; thence to the tongue, involving its left half. Both tumors have the characteristic of extending through the whole length of the tongue, and it occurred on the left side in both. The practical point connected with this was that he thought that frequently there is only one epitheliomatous tumor and the surgeon thinks that if this is cut away there is an end of the trouble. Years ago Syme said that if there existed undoubted epithelioma of the tongue the whole organ should be excised at once, because no one could know how many secondary tumors existed. The specimen showed the correctness of this position. The man survived about four days and died of aspiration-pneumonia. Dr. B. presented another specimen, epithelioma of the lower lip. There were both the primary and secondary tumor here, but the nodule was recognized early and a sufficient amount removed.

There is a question as to whether such cases can be treated successfully by external applications. In an extract of the transactions of the Imperial Royal Society of Vienna, a physician recommended the use of lactic acid as a topic application for malignant growths. He says that all the pathological tissues are converted into a black mass, and the normal ones spared. If this be true we would have in lactic acid an ideal caustic. It would have but a limited application, however, to those growths in which there are no secondary involvements. Some time ago Dr. B. examined a piece of suspicious material from the floor of the mouth and recognized it as an epithelioma which was beginning. The man was an inveterate smoker and now the destructive process is going on rapidly. An examination with the microscope in such cases is of benefit if a suspicion of syphilis exists.

Dr. Ohmann-Dumesnil inquired if there was recurrence of the disease in those cases in which lactic acid had been employed.

Dr. Bremer answered that no record of this had been made he having only seen a reprint of the original article.

Dr. McPheeters said that epithelioma is one of the slowest forms of cancer, and if operated upon early there is more chance of success. He detailed a case of epithelioma of the cervix uteri which he removed about a year ago. After removal he applied fuming nitric acid and there has been no appearance since. In regard to epithelioma of the tongue of course it cannot be admitted that tobacco will produce it where no predisposition to it exisits. He supposed it was true, as has been stated, that cancer is on the increase.

Dr. Pollak reported a case of epithelioma of the tongue he observed in 1863. It was situated on one side and of the size of a small bean. It was removed by the ecraseur and four years after it recurred. The whole anterior portion of the tongue was then removed and four years later the growth involved all the submaxiliary glands. The patient was operated upon and succumbed. He had a case of lupus on the temple of a lady. It was the size of a quarter dollar, had existed for years and would not heal. She would not allow excision, so Vienna paste was applied. Contrary to directions, it was allowed to remain one week. It was then removed and with it the whole lupus to the periosteum. The ulcer healed very slowly, grafting being resorted to to expedite the process.

Dr. Dickinson had a case of epithelioma of the eye, twelve years ago. He removed it with the knife and in a few weeks it reappeared two-thirds of its original size. On consultation removal of the globe was advised. The tumor only, however, was removed and it never recurred. In another case which was similar the same treatment was followed, and in one year returned. It was again removed and there has been no recurrence although ten years have elapsed. In a case in which the lower left lid was involved it was removed seven years ago with no recurrence. In a case which occurred two and one-half years ago, a suspicious growth, epithelial and myxomatous in character, was removed and in three or four months it recurred in another part of the eye. It was again removed and operated. Five operations were performed altogether.

Dr. Meisenbach remarked that Dr. Bremer said that the man died of aspiration-pneumonia. He wished to ask whether it was not possibly due to bacilli rather than mechanical irritation.

Dr. Bremer answered that such was the view taken of it. It was not mechanical alone but dependent in part upon the presence of micro-organisms.

Dr. Williams related the case of Hon. Jno. Hall, of West Virginia, who came to Cincinnati, about twenty years ago, to have an epithelioma of the lid of one eye treated. It was easily removed, but recurred,

having extended somewhat. The globe was removed and the lids as far as necessary. The patient was then 60 years old, but the growth did not recur again during his lifetime. About one and one-half years ago, Dr. W. was consulted by a woman who had had a growth on her nose removed by means of a caustic. This process had partially destroyed the eyelids. When she was seen the lids, cornea and eyeball were involved by epithelioma. He cut away the marginal portion of both lids and enucleated the eye. It has not returned since. He thought that a valuable agent for the removal of the growths is electrolysis, whenever it can be applied. It is easily applied and is thorough, where you can reach the growth thoroughly.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

The thirty-fifth annual business meeting of this Society was held at the Grand Pacific Hotel on Monday evening April 6, 1885. Dr. D. A. K. Steele, President.

Secretary's Annual Report.

Mr. President and Members of the Society; Ladies and Gentlemen: It is but fair to state that it affords me great pleasure to present a most favorable and flattering report of the proceedings at the closing of the thirty-fourth year of our association, a report which I am sure those of you who have watched the steps of progress we have made within the past several years will be equally as well pleased and gratified at hearing as it is for me to announce, and which I trust will commend itself to your kind favor. A resumé of which is as follows:

During the year twenty regular meetings were held. The National Conventions which this city was honored with, during the months of June and July last, militated against our holding more than one session in each of these months.

Fifty-eight scientific essays, original contributions and reports of cases have been read, presented by forty-four members. Besides a number of pathological specimens and instruments of cure have been exhibited, The scientific work performed in the current year previously, consisted in thirty-eight papers written by thirty members.

The following list includes the number of papers, read, the names of the authors, and various topics discussed during this year.

April 21, 1884.

1. Laceration of the Perineum and its Prevention, by Dr. Philip Adolphus.
2. Polycystic Tumors with a Report of an Unique and Interesting Case. by Dr. E. C. Dudley.
3. Demonstrating the Reaction of Albumen and Sugar in Urine with Test Papers, by Dr. C. W. Purdy.

May 5, 1884.

4. Puerperal Septicemia and Prophylaxis of Puerperal Inflammations, by Dr. G. Frank Lydston.
5. Fracture of the Greater Tuberosity of the Humerus Extending into the Bicipital Grove (with presentation of a case), by Dr. F. C. Schaefer.

May 19, 1884.

6. Exhibition of a Monolocular Ovarian Cyst, Weighing 24 Pounds (with remarks) by Dr. C. T. Parkes.
7. Abdominal Myomotomy, with Exhibition of a fibroid tumor weighing 35 pounds. Report of this case resulting in recovery, by Dr. E. C. Dudley.
8. Report of the Committee on State Legislation, Dr. J. G. Kiernan (chairman).

June 16, 1884.

9. The Significance of Jaundice in Diagnosis by Dr. W. E. Quine.
10. The Effects of Noises upon Certain Forms of Deafness, by Dr. G. F. Hawley.
11. Report of a Case of Genito-Urinary Trouble and Perineal Cystotomy, by Dr. W. L. Axford.
12, Papillomatous Multilocular Cysts of both Ovaries (with pathological specimens) by Dr. C. T Parkes.

July 14, 1884.

13. A Report of a Successful Case of Abdominal Section for Pyo-Salpynx, by Dr. F. H. Martin.
14. A Report of a Case of Pyo-Salpynx, giving the pathology and exhibition of the specimen, by Dr. J. H. Etheridge.
15. Fracture of the Clavicle and its Rational Treatment (with illustrations), by Dr. S. W. Wetmore.
16. Rhinolithiasis, with a report of a case of probably 40 years development, by Dr. J. Bettman.

August. 4, 1884.

17. Etiology, Pathology and Treatment of Cholera, by Dr. J. H. Etheridge.
18. An Address on the Prophylaxis of Cholera, by Dr. J. H. Rauch.
19. Differentiation in Diagnosis and causes with the Clinical Symptoms and Treatment of Cholera, by Dr. N. S. Davis. Sr.

AUGUST 18, 1884.

20. Remarks on Cutaneous Therapeutics including the Treatment of Psoriasis and Eczema, by Dr. P. C. Jensen.

21. Infant Feeding and Summer Diseases of Children, by Dr. C. W. Earle.

SEPTEMBER 1, 1884.

22. Remarks on Aneurisms with a Written Report of a Case, by Dr. J. A. Robison.

23. Report of a Case of General Chronic Bronchitis of 50 years' Duration, by Dr. J. Bartlett.

24. Recent Treatment of Asiatic Cholera, in vogue of late years in Southern India, by Dr. H. M. Scudder.

SEPTEMBER 15, 1884.

25. Report of a Case of Congenital Malformation of the Stomach and exhibition of the pathological specimen, by Dr. C. W. Earle.

26. A Report of a Case of Bony Tumor of the Female Pelvis with exhibition of specimen, by Dr. C. W. Earle.

OCTOBER 6, 1884.

27. An Address on National Sanitary Measures, by Dr. J. H. Rauch.; followed by a general discussion on cholera and remarks concerning the National Board of Health, participated in by Dr. J. H. Hollister; Dr. R. E. Starkweather, Dr. L. H. Montgomery and others.

NOVEMBER 10, 1884.

28. Report on Surgery, including Two Cases of Gastrostomy, Two Cases of Excision of the Rectum, also Remarks on Litholopaxy and Exhibition of a New Instrument for operating on Varicocele, by Dr. E. Andrews.

29. Political Abuse of the Insane, by Dr. S. V. Clevinger.

30. Fourth Annual Report of the Shautung Dispensary and Hospital at P'ang-Chia-Chuang, prepared by Dr. H. D. Porter and read by Dr. J. H. Chew.

31. Report of the Committee on National Sanitation, Dr. J. Bartlett Chairman.

32. The Use of Hydrochlorate of Cocaine in Ophthalmic Surgery, by Dr. B. Bettman.

33. The Application and Use of Hydrochlorate of Cocaine in Nasal Surgery, by Dr. J. Bettman.

DECEMBER 1, 1884.

34. An Extensive Injury of the Face, by Dr. R. Tilley.

35. Palliative Measures in Ruptured Extra-Uterine Pregnancy, by Dr. W. W. Jaggard.

36. Report of Three Cases of Ovariotomy and Exhibition of the Specimens, by Dr. D. A. K. Steele.

37. Report of Three Cases of Laparotomy for Abdominal Tumors (with specimens), by Dr. Charles T. Parkes.

DECEMBER 15, 1884.

38. Acitnomycosis Hominis, including a report of two cases, by Dr. J. B. Murphy.

JANUARY 5, 1885.

39. The Germ Theory and Treatment of Diphtheria with Alcohol, by Dr. G. H. Chapman.

40. Manganese as an Emmenagogue, by Dr. Franklin H. Martin.

JANUARY 19, 1885.

41. The Bacillus of Syphilis and Treatment of the Disease with Tannate of Mercury, by Dr. Joseph Zeisler.

42. A New Method of Counting a Rapid Pulse, by Dr. A. E. Hoadley.

43. Report of a Case of Obstruction of the Ileum Caused from Peritoneal Adhesions, by Dr. A. E. Hoadley.

44. A paper on Chole-Cystotomy was to have been read at this meeting by Dr. Charles T. Parkes, but Dr. Parkes was excused from reading it, as he intends making a report on this subject and the operation at the next meeting of the American Medical Association.

FEBRUARY 2, 1885.

45. Peroxide of Hydrogen, by Dr. Boerne Bettmann.

46. Missed Abortion (with a report of a case), by Dr. P. O'Connell.

47. Muriate of Apomorphia in Chronic Bronchial Asthma, by Dr. G. W. Webster.

48. A Case of Frost Bite, by Dr. C. T. Fenn.

FEBRUARY 16, 1885.

49. A Report of a Case of Malignant Disease of the Thyroid Gland, by Dr. C. E. Webster.

50. A Report of a Case of Tænia Solium in a Child Two Years Old (with specimen), by Dr. C. G. Davis.

51. Hygroma Linguæ, by Dr. Joseph Zeisler.

52. Exhibition of the Koch Comma Bacillus of Cholera Asiatica, by Dr. L. L. McArthur.

MARCH 2, 1885.

53. An Elaborate Report of a Case of Mollities Ossium, and exhibition of pathological specimens, by Dr. W. J. Webb.

54. The Hygienic and Specific Treatment of Typhoid Fever, illustrated by the citation of cases, by Dr. David O'Shea.

55. House-to-House Inspection and Sanitary Survey, by Dr. R. E. Starkweather.

March 16, 1885.

56. Methods of Diagnosis and Treatment of Locomotor Ataxia in the Preataxic Stage, by Dr. D. R. Brower.

57. Empyema, Paracentesis and Drainage Tubes, by Dr. E. F. Ingals.

58. Hypnotism (with experiments), by Dr. C. G. Davis.

Comment is unnecessary in referring to this pyramid of original thought, excepting that it would seem like an impardonable oversight were I to omit the statement that never before in the history of the Society have so many valuable topics of scientific interest been presented for discussion at our meetings within the same period of time; 648 members and 111 guests have been recorded as having attended these twenty meetings,being in all 759 physicians compared to the total number of 638 physicians in attendance during the current year previously. The largest number of members in attendance at any meeting was 91, the smallest number 17. The average attendance of members at each meeting was $32\frac{8}{20}$, of guests $5\frac{11}{20}$, or a total average of $37\frac{19}{20}$, which is a much larger percentage recorded than was ever made before. During the year we have received into active membership 51 new members, compared to 35, the number elected in the year of 1883–84. This number I believe to be the largest accession to our membership that has ever been made in any one year's growth or the society.

Two hundred and seventy members now constitute the revised membership list of this society. Regarding the biography of the various members, much of interest could be stated in this report, but your curiosity will be content when I state that at the present time 212 are married and 56 single, 260 are fellows of the society, the remaining number, 10, which this meeting is honored with this evening as members are ladies, and, last but not least, nearly 150 are professors in the various medical colleges and hospitals in the city.

Regarding the finances of the Society the question has arisen, what shall be done with the money which is approximated to be $580 as a cash balance on hand? Our membership is now 270,about 96 per cent of which are paying members. The income during the coming year will be nearly $540, to say nothing of the amount that new members will add.

As has already been stated, never within the history of our society has so much interest been manifested, nor has the membership so rapidly increased as during the year just elapsed, and from the enthusiasm now animating the profession it can confidently be expected that at least 40 more will unite with us during the coming year. At this rate of accumulating we will be in posession of about $1,200 at the next annual meeting less about $200 that has been used to defray the small current expenses, whilst there are no provisions in the By-Laws of the Society for accumlating money nor for investing it. It is presumed, therefore, that we will continue saving funds—for what purpose?

In former reports your secretary suggested that a beneficiary fund be allowed for the families of deceased indigent members. Having the money invested at a rate of interest; publishing the yearly transactions in book form. Giving a banquet at the close of each fiscal year, procuring a charter for the Society, etc. All of these plans have been "voted" as not being judicious. The subjoined thoughts have occurred to me as of possible tangibility.

The surplus revenue should in some way be managed,so that in time we may be in part ownership with the Academy of Sciences and other local scientific associations of a Memorial Hall, as that, for instance, now being planned by the G. A. R. Or shall the Society offer yearly a series of prizes, say, of $50, $100 and $200, for the best original essays, and bestowed for no other reason except that of real merit. Would not such a step have a splendid effect in inciting members to close study and original research? Such fondness for writing on medical and surgical topics would develop additional talent which doubtless exists in our midst.

By so doing, would not our Society be rendered still more attractive and secure a larger percentage of attendance?

Among some of the unpleasant duties of the Secretary may be mentioned, that in arranging for a regular stated meeting, where two or more essayists are to be announced and each writer desires his name placed first on the programme, to amicably explain how this cannot be done and still retain the good will of the obliging essayists. Again, disappointments have occurred when papers have been promised and announced for a certain meeting, and an essayist is unavoidably absent at the time he is expected to read his paper. No cause can be assigned by the Secretary for the absentee until a few days subsequently word is received of the cause of detention.

It may be well here to ask, why it is that some of our most esteemed and beloved

members are present at so few meetings? Is it because of apathy on their part, or that vicissitudes in the weather make it hazardous to risk venturing out? Or because the younger members have taken an active part. Or because the meetings have been held in this palatial hall?

If any of these reasons are assigned as a cause for their absence, then thrice welcome should be our motto in the future, and let there be a committtee appointed at an early date to secure commodious quarters in the new Opera House building or in some other equally central location in which our meetings may be held.

In Conclusion,

I wish to add that many courtesies have been extended to me whilst serving you as an official. For this, and to those who have bestowed upon me personal favors, I tender my heartfelt thanks. And as to our worthy President, permit me, sir, to extend to you my sincere congratulations for much of the success this Society has achieved and for the generosity you have always shown me, and the unanimity of sentiment that has invariably prevailed between us in discussing the interests of the Society during your regime. All of which is respectfully submitted,

Liston H. Montgomery, Secretary.

Upon motion duly seconded the report as read was accepted and placed on file, except the paper on Hypnotism, which was voted to be expunged.

During the year, the following donations of books and journals were received

From	Volumes.
Dr. A. R. Jackson,	22
" E. Andrews,	5
" T. S. Hoyne,	3
" J. S. Lane,	17
" A. H. Foster,	5
" D. A. Colton,	1

From Dr. R. Ludlam a large collection of British Journals now on the way but, not yet arrived. Honorable mention was made, that the Committee of Arrangements of the Illinois State Medical Society for the meeting held in Chicago in May, 1884, have from the surplus funds in their hands purchased and placed in the Public Library a complete set of the American Journal of the Medical Sciences, consisting of 113 volumes and also a set of Proceedings of the International Medical Congress, London, 1881, consisting of 4 volumes.

Dr. R. E. Starkweather, in behalf of the Committee on National Sanitation, submitted a report that was well received and offered the following resolutions, which were unanimously adopted:

"Resolved, The Chicago Medical Society approves of the action lately taken (March 16, 1885) by the Executive Committee of the Sanitary Council of the Mississippi Valley in its petition to the President of the United States, requesting him to immediately convene the National Board of Health, and to authorize it to use so much of the epidemic contingent fund placed in his hands by Congress as may be necessary for preparing and promptly enforcing a vigorous system of preventive measures in co-operation with, and in aid of, State and local health organizations with special reference to Asiatic Cholera.

Resolved, That the Secretary of this Society be, and hereby is, directed to communicate a copy of these resolutions without delay through the proper channels to the President of the United States, and to the Secretary of the Sanitary Council of the Mississippi Valley."

The Committee on Nominations reported a list of names to be voted upon for officers. A motion, however, prevailed that other nominations were in order, resulting in the election of the following named gentlemen as officers of the Society for the ensuing year:

Dr. Charles T. Parkes, President.
Dr. Charles W. Purdy, 1st Vice-President.
Dr. James H. Etheridge, 2d Vice-President.
Dr. Liston H. Montgomery, Secretary.
Dr. Harold N. Moyer, Treasurer.

Drs. G. C. Paoli, E. F. Ingals, D. A. K. Steele, Committee on Membership and Miscellaneous Business.

Dr. F. C. Hotz was elected his own successor to the Committee on Library.

The following list of members was appointed delegates to the American Medical Association:

Drs. A. Reeves Jackson, George W. Webster, Wm. P. Verity, Henry J. Reynolds, H. T. Byford, E. J. Doering. J. E. Walton, Charles T. Parkes, Liston H. Montgomery, D. A. K. Steele, L. L. McArthur, A. H. Tagert, J. H. Etheridge, R. E. Starkweather, Edwin Powell, A. E. Baldwin, W. W. Allport, George H. Chapman, W. W. Jaggard, F. E. Waxham, A. Goldspoon, G. C. Paoli, D. R. Brower, J. H. Plecker, D. T. Nelson, Wm. E. Clarke, C. W. Earle.—Total, 27.

The following extracts were taken from remarks of the retiring president:

Members of the Society, it has been my good fortune to preside over your deliberations during a year of unexampled prosperity, a year that has been characterized by a greater increase in our membership, a larger num-

ber of exceptionably able papers and a fuller and more thorough discussion of them than any previous year recorded in our history.

The wide publicity attained by the proceedings of this Society has been comprehensively detailed by your Secretary in his report, and from it you can gain some idea of the enormous amount of work devolving upon him. This growth is but a reflex of the mental activity that is everywhere present in the medical world of to-day.

Two years ago Dr. E. Ingals stated to this Society that "every one worthy the name of a physician owes much to his profession," and upon assuming the functions of this office, I determined to exert my best efforts for the advancement of this Society and to carry out its objects.

The Committee work elicits words of the highest praise, as those of you can testify who heard the excellent reports presented here this evening. They are models of completeness and clearness.

The following suggestions were offered:

1. Appoint a Committee on Ways and Means of three members to have the Society legally incorporated under the State law.

2. Adopt Dr. Gibney's (of New York) plan of evoking able discussion of papers.

3. Continue the Committee on Sanitation to co-operate with the Commissioner of Health in case we have the dreaded visitation from cholera this summer. Also the Committee on State Legislation until we have a mandatory law for the supply of dissecting material and to co-operate with the Colleges and State Board for a higher grade of medical education.

4. Cultivate the younger men of the profession and induce them to take part in the Society work.

He closed by thanking those for many courtesies that he had been the happy recipient of, and to bespeak for his successor the same cordial aid.

A committee then escorted President-elect Parkes to the chair amid plaudits. He replied in a happy vein of humor by thanking the members for the agreeable surprise in conferring upon him the honor by electing him President of the Society. Fortunately for him, as the hour was late he would not ask the patience of the members to be prolonged at hearing any extended remarks from him. Upon miscellaneous motions being called for, Dr. F. T. Andrews moved, duly seconded, that a committee of three members be appointed by the chair to take action upon the suggestions made by the retiring president, resulting in the appointment of Dr. Andrews, Dr. Starkweather and Dr. Steele, as the committee. At a late hour a motion prevailed that the society adjourn for two weeks.

CORRESPONDENCE.

LONDON LETTER.

LONDON, April 6, 1885.

Editors Review: The chief medical event since my last letter has been the debate on cholera at the Royal Medical and Chirurgical Society, which resolved itself into a fight between Koch, as represented by Mr. Watson Cheyne, and Klein. The discussion opened by a paper by the President, Dr. George Johnson, who years ago, during an epidemic of cholera in London, had some opportunity of studying the disease. but who had nothing fresh to add to what he had said long ago on the subject, and not a few of the audience grudged the hour which he occupied in his opening remarks.

Dr. Klein followed at once, and he contended that the whole course of cholera and its symptoms eminently favored the theory that it was due to a chemical ferment acting on the blood, the nerve centres, and on the organs of circulation. As to whether the disease was conveyed by means of the intestinal discharges, he argued, that since in an immense number of cases the evacuations proved harmless, there must be something, not in them *per se*, but superadded, which was the cause of the infection. If the infective agent was a bacterium present in the evacuations, cholera ought to directly contagious disease. There was he said abundant evidence to prove that this was not the case. Turning then to the comma bacilli he said that in very rapid cases they were met with in very small numbers, and that the longer the examination was delayed the more numerous they became. No organisms of any kind were found in the tissues of the intestine, in the blood, or in the other tissues of the body, and on this fact he laid great stress. Besides the above there were abundant straight non-motile bacilli found, but neither these nor the comma baccilli showed, in their mode of growth greater peculiarities than other putrefactive bacteria. They both grew well in alkaline and neutral media and were not killed by acids. They could not be considered as the cause of cholera, and the bacilli found by Lewis in the mouth were almost identical with them.

Mr. Watson Cheyne immediately rose to support Koch's views, and he commenced by objecting to the diagnosis of the comma bacillus being made simply by the microscopical appearances;

it was necessary to have recourse to cultivation before a comma-shaped bacillus could be recognized with certainty as belonging to cholera. All observers had agreed that the comma bacillus was always present in cholera, but as regards the numbers present that was of small importance, and the straight bacilli such as Klein had described were only an early stage of the commas and were also found in great abundance in very rapid cases. The last point on which he dwelt was that these true comma bacilli had not been found in any other disease than cholera; in his own investigations he failed to find them, and though Klein had said he had found them in some dysenteric evacuations, he had not proved the fact by cultivations. The comma bacilli of the mouth could not be distinguished from the cholera bacilli except by the aid of cultivation, and Klein had failed to cultivate them in the same media as the cholera bacilli.

The other speeches did not not contribute much of importance. Dr. Heron supported Mr. Cheyne and Dr. Gibbes, who was with Klein in Calcutta, of course supported his colleague, and several old Indians of more or less experience had their say. Sir Guyer Hunter repeated the views which he expressed last year, that cholerine, cholera nostras, and Asiatic cholera are really the same disease, and cannot be distinguished clinically; and certainly if there is no other means of knowing them apart than by cultivating the bacilli obtained from the evacuations, then for all practical purposes in the future we may as well agree to consider them as the same disease.

The government have introduced a lunacy bill into the House of Lords in deference to public agitation against the law at present in force. The chief feature of the new bill is that no person is to be confined as a lunatic unless the order is signed by a magistrate; it will be signed as heretofore by two medical men, one of them preferably the regular attendant, No certificate is to be valid for more than three years, at the end of which period the certificate can be renewed for one year, and must be renewed every year afterwards. This is absolutely unworkable, as any one who knows much of lunatic asylums would admit, and it is surprising that such a clause should ever have been proposed. Another equally absurd clause is that any interested person may send two medical men to an asylum to examine any inmate, who must be released on the certificate that he is sane signed by these two men, Mrs. Weldon, the *fons et origo* of all this trouble, is at present languishing in gaol, having been convicted of libel in one of our police courts last week,and sentenced to six months' imprisonment notwithstanding the recommendation of the jury to mercy.

The following letter appeared in the Medical Times last week from Sir William Gull and seems of so much interest that I need make no apology for transcribing it. He writes: In my evidence before the committee of the House of Lords on Intemperance I referred to the following case. I should not have thought it necessary to trouble you on the matter, but it seems to have become a subject of dispute on platforms; one gentleman asserting that it is a hoax, a practical impossibility, whatever that may mean. "There are certain things" says St. Augustine, "which we must know first in order to believe them." Whilst I was resident physician at Guy's, a drayman of intemperate habits was admitted by me into Lazarus ward, at about nine o'clock in the evening. He was suffering under extreme difficulty of breathing, great distension of the venous system, and other symptoms of dilatation and obstruction of the heart. A large, fat, bloated man with purple face. He died within an hour or so of his admission into the hospital. The following day at 1 o'clock, the weather being cool, the body was placed on the table for a post-mortem examination. There were no signs of ordinary decomposition, such as would account for the remarkably distended condition of the whole body. The skin and parts beneath were throughout distended with gas. In the absence of signs of decomposition, and from the shortness of the time since death, it was suspected that this gas must have been exhaled from the blood, and was of no ordinary septic character. When punctures were made into the skin, and a lighted match applied, the gas which escaped burnt with the ordinary flame of carburetted hydrogen. So many as a dozen of these small flames were burning at the same time, over the distended body. R. M.

TRACHEOTOMY FOR FOREIGN BODY.

PEARSALL, TEXAS, April 15, 1885.

Editors Review: Howard N., æt. 5, passed a grain of corn into the trachea. I saw the patient on the seventh day after the occurrence and advised operation for its removal. On the following morning, April 1, the operation of tracheotomy was made and the body properly removed. Recovery followed promptly with but little trouble. It isproper to remark that the patient was in good condition of health. The operation was performed under strict antiseptic methods.

Respectfully, J. N. HAYS, M. D.

—An examination into cigarette smoking among small boys shows that in a majority of cases parents are to blame. The fact is mighty few people are fit to have children.

BOOK REVIEWS.

HUMAN OSTEOLOGY. Comprising a Description of the Bones with Delineations of the Attachments of the Muscles, the General and Microscopical Structure of Bone and Its Development. By Luther Holden, Assisted by James Shuter, F. R. C. S., etc. With Illustrations. Sixth Edition. New York: Wm. Wood & Co.

KIRKE'S HAND-BOOK OF PHYSIOLOGY. By W. Mordant Baker, F. R. C. S., and Vincent Dormer Harris, M. D. Eleventh edition, with nearly 500 illustrations, in two volumes. New York: Wm. Wood & Co.

The three volumes constitute the January, February and March numbers of Wood's Library of Standard Medical Authors. They are all well-known books and are presented to the profession in a style that is creditable to the publishers. They are both classical works and the editors have introduced such modifications as were desirable to make them conform to the state of our knowledge.

MYTHS IN MEDICINE AND OLD TIME DOCTORS. By Alfred C. Garratt, M. D. Published by G. P. Putnam's Sons, New York and London.

This charming little book is written by a classical pen and destined to give pleasure and relaxation to many in their efforts to relieve their minds from their more pressing cares. We append the contents of the book, hoping thereby in conjunction with our statement above to give the clearest conception of what our readers may expect from the book.

Chapter I. Eminent Physicians in Ancient Times from Hipocrates to Galen. II. The Dark Ages. Mahomedanism in Europe. Medicine, Christianity and Law Blighted. III. The Medical Profession about Two Hundred Years Ago. IV. Old Time Theory of the Nature and Cause of Nervous Maladies. V. The Treatment of Nervous Distempers as then Practised. VI. What was Alchemyof the Seventeenth Century? VII. Analysis of Homeopathy.

There is also an Appendix of References and Corroborating Testimony.

ITEMS.

—THE ASSOCIATION OF AMERICAN MEDICAL EDITORS will hold its annual meeting in New Orleans on Monday, April 27, at 8 P. M., in the Medical College Building. The annual address will be delivered by the president, Dr. Henry O. Marcy, of Boston, on "The Legislative Establishment of Medical Examining Boards in America," and papers are expected to be read by Dr. F. E. Daniel, of Austin, Texas; Dr. F. S. Billings, of Boston; Dr. R. J. Dunglison, of Philadelphia; Dr. J. V. Shoemaker, of Philadelphia; Dr. Leartus Conner, of Detroit, and others. All members of the profession are cordially invited to be present and participate in the meeting, especially journalists and authors.

AN OPHTHALMIC ANTISEPTIC SOLUTION.—In a recent discussion at the Paris Académie de Médecine ("Union Méd.") M. Panas stated that, in a large practice in ophthalmic surgery he had never had any cases of erysipelas after the use of the following mixture:

Bichloride of mercury, Chloride of ammonium, each	5 grains;
Glycerin	3 drams;
Water	3 quarts.

The parts are washed with the solution, and after the operation a piece of linen dipped in the fluid is applied to the affected eye.

SALICYLATE OF SODIUM IN THE TREATMENT OF MIGRAINE.—Cutierrez ("Paris Méd."; "Lyon Méd.," recommends this drug very highly, fifteen grains being administered in two doses, with an interval of a quarter of an hour. He states that speedy relief is experienced after taking the first dose and that when the second one is taken the pain vanishes completely.

—An English writer points out the probability that a smoky atmosphere is not a wholly unmitigated evil, since its carbon and sulphur must absorb many germs of disease, and tend to prevent the spread of epidemics.

—Dr. Flint is reported as having said that many lives are lost by starvation, owing to an over-estimate of the nutritive value of beef tea and meat juices. In typhus and typhoid fevers, he says, there is no good substitute for milk and eggs.

—Professor Doremus, who works entirely with his left hand, having had his right arm amputated in his youth, is credited with making over $25,000 per annum by chemical analyses of patent medicines and similar articles.

—JEQUIRITY IN SKIN DISEASES.—Dr. Shoemaker, of Philadelphia ("Practitioner"), has used this drug in the treatment of lupus and rodent ulcer, and reports several successful cases. He adds the caution that the applications (of the emulsion) must be made with great care, on account of the tendency of jequirity to cause erysipelas.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 18. CHICAGO AND ST. LOUIS, MAY 2, 1885. TERMS: $3.50 A YEAR.

TO OUR SUBSCRIBEBS.

The resignation of the Chicago editor, Dr. Robert Tilley, prompts the publishers to discontinue the plan of joint editorship heretofore in vogue in the department of medicine and surgery. Purely practical reasons render it desirable to vest the editorial control in one person only. Dr. Robert Luedeking of St. Louis has consented to assume sole charge. It is his plan to organize a staff of collaborators and correspondents; these to be residents of such centres as Chicago, New York and Philadelphia in this country, London and probably Leipzig abroad. We invite our subscribers to write for our columns. Our large and increasing circulation ensures a wide diffusion of original work and correspondence.

THE PUBLISHERS.

AMERICAN MEDICAL ASSOCIATION.—We publish the opening proceedings of the New Orleans meeting in this number, and shall continue the report next week. Matters of especial interest will be noted by a special correspondent. The course of the routine business is well detailed in the secular press.

GENERAL GRANT'S CASE.—We refer our readers to our New York Letter of this week as containing points of interest with reference to this celebrated case. We are of the opinion that if the cuts published were true representations of the microscopic appearance of the tissues taken from the distinguished patient's throat that no doubt can exist as to the diagnosis of epithelioma. But it is of a form comparatively slow in growth and of relatively lesser malignancy. The Medical News says that it is particularly unfortunate, under the present circumstances, that the microscopical examination was not made by a pathologist of wide reputation, stating that it is not to the discredit of the gentlemen who did make it that he is not widely known, for he has been but a short time in the ranks of the profession; and that the demonstration may have been complete, but in such an important case, if an opinion on the microscopic appearances of the diseased tissue was to be published, it would have been better if the report had been made by such recognized authority as would have carried conviction with it to the mind of every one.

TRANSPLANTATION OF MUSCLE.—In view of a recent operation of the nature indicated in a New York hospital the subjoined taken by the Medical News from the Gazzetta degli Ospitali is of interest. The results of Dr. Salvia are another demonstration of the power of regeneration in muscular fibre.

Dr. Eduardo Salvia, in an experimental study upon the transplantation of muscle, and the regeneration of muscle fibre, sums up the results obtained as follows:

1. It is possible to transplant a portion of the muscular tissue of one animal into that of another, difference of species having no effect upon the result.

2. The transplanted portion of muscle may unite completely with the muscle with which it is brought into relation by first intention. To obtain this result, it is necessary that the transplanted muscle completely fills up the void made by the retraction of the excised

muscle, and that the operation be conducted under strictly antiseptic conditions.

3. The union between the transplanted muscle and that of the animal upon which the operation is performed takes place from the formation of new muscular fibre, which is produced without leaving trace of the original points of separation.

4. The muscular fibre which is introduced gradually loses its own special anatomical peculiarities, and acquires those of the living animal, to the degree that after a time the most careful microscopical examination is unable to detect a difference between the original and acquired muscular tissue.

5. The function of the muscle after its introduction in a relatively short period is perfectly restored, without the slightest tendency to weakness or stiffness.

What Shall we do With our Dead.—In an address delivered at the annual meeting of the Alumni Association of the Miami Medical College by Dr. E. M. Nelson, of St. Louis, the President of the Association, we find the following sound expression on this subject:

More and more during these last years has the attention of thinking men been directed to the study of various questions concerning the best disposal of the dead. Shall the remains of those whom we have loved be burned with fire and the ashes be scattered to the winds or be gathered together in cinerary urns? Shall they be embalmed and preserved in hermetically sealed caskets? or shall we continue the practice which has been so nearly universal for some centuries and commit the bodies of our dead to the care of mother earth, in whose cold embrace they are gradually by process of slow decay returned to the chemical elements of which they were composed?

Some time ago I received the following from a friend, a clergyman, which is so apropos to our thought that we ask no apology for introducing it here:

THE BURIAL OF THE DEAD.

It has long seemed to me that our natural shrinking from the inevitable doom, "Dust to Dust," has been allowed to shape usages trustfully. To hide the hideousness from view, by comely dress and sweet floral decoration, until the moment when we must put the dear face and form out of our sight forever, this is open to no serious objection. But is our care to secure the most durable material and the most impenetrable enclosure for the burial casket, wise? To conceal the return of "earth to earth" from our view is doubtless right and decent, and wise, but to resist and oppose that return, is not only futile, but makes scientifically certain a far more hideous reality than the transmutation which the unobstructed forces of nature gently and inoffensively accomplish.

That the thought of the laity as well as the medical profession is directed to this question is apparent from the number of papers on the subject of cremation which appear in the various scientific and medical journals. The reports of M. Pasteur upon the influence created by earth worms in progagating charbon and other virulent infectious diseases gave a new impulse to the arguments of those who advocate cremation, and would oppose the argument for such mode of interment as would lead to more rapid decomposition of the body without any measures to secure the destruction of noxious, disease-producing germs or exhalations.

In England the advocates of cremation are gaining in influence and increasing in numbers. The House of Commons recently rejected a bill to regulate cremation, and tacitly admitted the legality of this mode of disposing of the dead.

The British Medical Journal in commenting upon this action well says: "In rural districts, where the population is sparse and land is cheap, there is little danger or inconvenience likely to accrue from earth burial, if performed with ordinary care; but the most ardent adherents of the modern practice cannot deny that in the crowded cemeteries in the vicinity, or as they soon become, in the midst of large cities, the case is different and the danger to the health of the living real, albeit sometimes exaggerated."

Attention is called to the different degrees in which various soils possess the power of oxidising and absorbing. German authorities showing that while decomposition may be within five or six years in sandy soil, it may not have taken place in twenty years in a stiff clay or water-logged soil.

That cremation is simply a rapid process of oxidation and putrefaction, preferable to a slow process of the same chemical character cannot be gainsaid. That there is in cremation anything essentially shocking or inherently repulsive when this is compared with the processes of natural decomposition, as they go on in the coffin within the grave, cannot be admitted.

Experiences within the bonndaries of my own city home, and within a very few years add force to the argument in the journal mentioned in favor of cremation, at least in urban communities.

As the demands of commerce and population have enlarged its boundaries, one after another the places of burial have been encroached upon and driven back from business centres. Streets have been constructed and business houses have been erected on ground where in the boyhood of those by no means yet past middle age, only shaded walks or drive-ways wound about among the tombstones which marked the resting places of the dead. And again the potter's field of our boyhood's memory is now a garden in which are growing cabbages, turnips and potatoes with which to satisfy the hunger of paupers, who are now dependent upon the tender mercies of the city fathers. So dead paupers do their part toward nourishing the living poor.

A remarkable picture has been painted by a Polish artist, named Siemeradski, based upon a very minute description by Ibn Fozlan, an Arab ambassador to Russia, in 921, of the fire burial customs of the Northmen of that day. In the description given is the following: "You Arabs are fools! You take the man whom you must have loved and honored, and put him down in the earth, where vermin and worms devour him. We on the contrary, burn him up in a twinkling, and he goes straight to Paradise."

The pendulum by which the world's age is measured swings in an immense arc. Now after one thousand years, the views of the leaders of human thought are swinging back to that expressed by the Northman.

Cancer in Syphilitic Subjects.—We believe that the incidental relationship between cancer and syphilis in the same individual is a subject on which little of value is known. The Journal of Cutaneous and Veneral Diseases selects from an exhaustive treatise by M. Ozenne as follows, taking its notes from the Journal de Médicine et de Chirurgie:

This question has been taken up by Dr. Ozenne, who deals with it exhaustively in a recent volume, referring especially to syphilitic cancer of the mouth. This latter is a hybrid disorder arising from the united action of syphilis and cancer. The former disease, when thus associated, is always tertiary, its prior stages having never been observed in direct connection with cancer. The combined lesions of cancer and syphilis, when affecting the buccal cavity, are of several kinds, among which our author distinguishes three in particular—the cancero-sclerous, the cancero-gummatous,and the cancero-sclero-gummatous varieties.

a. In the cancero-sclerous form, the cancer under its usual aspect is sometimes the first to be manifested; sometimes, though more rarely, it is preceded by the syphilitic lesion; and, after a certain interval, we are confronted by a sort of mongrel condition, compounded of the products of incipient cancer, and the changes due to sclerous glossitis. The appearance of the tongue is then as follows: The organ is enlarged, and displays the cancerous formation. If this be superficial, as a hard swelling, irregularly shaped, of variable size, and more or less prominent; if the epithelioma be interstitial, the tumor is sub-mucous, resistant, elastic, and seated upon an indurated base of undefined dimensions. In the neighborhood of the cancer are observed either the lesions of the superficial

sclerous glossitis—smooth, shining, slightly-reddened iudurations, circumscribed, or co-extensive with the mucous membrane—or, more frequently, all the evidences of a dermo-parenchymatous glossitis, whose hardness is diffuse and downward-reaching, so as to impart a peculiar sensation to the examining finger.

We cannot here delineate the affection in all its aspects. M. Ozenne places them under four classes, which he distinguishes according to the manner in which the hybrid structure is developed—i. e., without ulceration; with a dermic sclerosis resembling psoriasis; with superficial ulcers of the mucous membrane, or with cancerous ulceration properly so-called.

b. In the second form—the cancero-gummatous—the lesions are so closely united that the features peculiar to each of them are almost entirely effaced; we have an excavated ulcer with an indurated base like that of a cancer, but without the perpendicular walls or bleeding surface characteristic of the latter. Sometimes, also, other ulcers are found in the vicinity.

c. The third or cancero-sclero-gummatous variety is the most complex; it combines the gumma, the cancer, and the dermo-parenchymatous sclerosis in very various proportions, sometimes manifesting one of these components quite distinctly, and sometimes blending them in utter confusion—thus presenting an exceedingly diversified appearance.

Such are the distinguishing marks of syphilitic cancer of the mouth—marks which are reproduced when the lesion is situated on the tonsil, the cheek, or the lips. As to its functional symptoms, these consist almost wholly in a diminution of the disturbances caused by either of the diatheses when alone present. Thus, hemorrhage is seldom met with, and pain, so frequent an accompaniment of uncomplicated cancer, is generally absent. Despite these advantages, the termination is no less fatal; since, as M. Verneuil has remarked, the prognosis depends upon that of the predominant neoplasm, and this, in the dual affection we are speaking of, is always cancerous. Treatment with iodine should always be resorted to when the existence of a syphilitic cancer is apprehended, as being undoubtedly applicable to the specific element in the disease, but should not be kept up too long, for fear of unfavorably affecting the cancer. The latter is sometimes amenable to surgery. But it must be borne in mind that mercury, so injurious in ordinary buccal cancer, is here also to be absolutely proscribed.

M. Ozenne concludes by citing several cases of syphilitic cancer affecting the nipple, the penis, the testicles, etc.,

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The New Antipyretics.—The Vienna Correspondent of the New York Medical Record writes as follows on theis subject:

The reduction of temperature in febrile diseases by internal or external means has been the cause of much careful study and work in the Vienna clinics for the last two or three years. The result at which physicians have been aiming for the past quarter of a century, has been almost, if not quite, reached by the extensive and exact experiment and researches of the Vienna school of internal medicine. At least such results have been obtained that to-day a febrile temperature can be reduced to any degree that is proper, and it can be done easily, rapidly and without injuring in the slightest the vitality of the patient. The demand of to-day is for powerful antipyretics as internal remedies. They are remedies that do not affect the course of the disease directly, but simply, and solely reduce the temperature. According to Nothnagel they are never to be given under a temperature of 39.5°,or in the early stage of a fever, as they will then obscure the diagnosis.

At present only the following drugs are considered here as antipyretics: quinine thallin, antipyrin, and salicylate of soda. Of the two new remedies, antipyrin has been in use about a year. Thallin was discovered and first used about seven months ago by Dr. von Jaksch of Professor Nothnagel's clinic..

Quinine, says Professor Nothnagel, is the best, or perhaps better said, the oldest antipyretic in general use. He prefers to give it in the form of the bisulphate and in solution. He dislikes gelatine capsules and similar vehicles, as they have been found undissolved in the stomach two days afer administration. He also gives the quinine in one large dose, not in divided doses: One and a half to two grams is the ordinary dose and is best given at seven or eight o'clock in the evening, so that its action begins at the time a normal fall of temperature usually takes place. Quinine reaches its greatest effect six to eight hours after taking. In some fevers, for instance, pneumonia, typhus, and septic fevers, it has little effect. In Carl Braun's wards, in puerperal fever antipyrin is much preferred to quinine or the other antipyretics. Salicylate of soda, to reduce temperature, is little used. Its antipyretic action is similar to that of quinine, except that the fall of temperature after salcylate of soda is more rapid, and the rise again also comes on sooner and is more rapid. It produces little or no sweating,and must be given in double the dose. Its action in acute articular rheumatism is specific and not antipyretic. Kairin and resorcin are not used any longer here, probably because of their marked tendency to be followed by collapse.

Prof. Nothnagel says that thallin and antipyrin are very powerful, simple antipyretics, and extraordinarily good ones. Collapse rarely or never follows their use. He has very little choice between the two; the antipyretic effect from thallin seems to last a little longer, and the dose is smaller. Thallin is given in the form of a sulphate, usually in from two to five decigramme doses (2-5). The dose of antipyrin is about one gram. The temperature begins to fall inside of an hour after giving these drugs. In one case of pneumonia in the service of Dr. Bamberger, there was a fall from 40.5 to 38.6 within an hour from a quarter of a gram of thallin. The temperature of pneumonia is especially susceptible to these two remedies, and there is hardly any fever that can resist them.

In the service of Dr. Hutler, where a large number of pneumonia cases have been treated by these antipyrectics, the temperature has almost invariably been reduced to nearly normal. The mortality, however, was but slightly lower than when these drugs were not used. Often patients would die with a temperature that had been kept throughout the entire course of the disease below 37.5.

Fatal Chicken-pox.—Two fatal cases of chicken-pox, one reported by Dr. G. W. Rachel, in the Archives of Pediatrics for April, 1884, the second by Dr. J. V. Wichmann, of Copenhagen, in the Nordiskt Med. Arkiv, xvi., No. 20, show that varicella is not always the mild disease which is its general characteristic.

Vagus Pneumonia.—The Vienna correspondent of the London Lancet (N. Y. Med. Record) writes as follows concerning vagus pneumonia: "The changes in the lungs caused by cutting through the vagus nerves have formed, since the time of Valsalva, the subject of very deep research. All animals whose vagi have been divided in the throat perish sooner or later. Most of them die of broncho-pneumonia. Traube is of opinion that this vagus pneumonia is caused by the penetration of mucus and of food matters into the trachea. Schiff, however, gave the following explanation: The vagus is the nerve which supplies the muscles of the vessels of the lung; if it is severed, paralysis of the muscles with hyperemia and inflammation occur. In order to decide the controversy, only the branches of the vagus which proceed to the lungs should be cut through, whereas the recurrent laryngeal nerves must remain intact. Dr. Gærtner and Dr. Amrüs have, in Professor Stricker's laboratory, cut through the vagus below the recurrents after two methods. According to the first, they divide the recurrent laryngeal in the neck, and connect it with the vagus at the throat, where it heals up, after which they cut through the vagus below this spot. A dog

which was thus operated on on both sides died after sixteen days, and showed no broncho-pneumonia at the autopsy. The second method is more exact. The pleural cavity is opened, and then resection of the vagus is performed under antiseptic precautions. The branches proceeding to the heart and to the larynx remain intact, and only those branches are divided which supply the lung and stomach. A dog in which, on the thirtieth day after the operation, a gastric fistula was produced, perished on the forty-sixth day, obviously owing to the latter operation. At the autopsy no pneumonia could be detected; the lungs were pale, without the slightest infiltration. Consequently the question of vagus pneumonia is definitely settled according to the views of Traube."

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, April 25, 1885. The President, Dr. Atwood, in the Chair.

COCAINE—DIPSOMANIA.

DR. POLLAK reported the case of a man aged 39, whose father, grandfather, uncle and two brothers had died of drinking. He was also a victim to the habit; he would get up at midnight to take a drink. He drank periodically and would drink until he got intoxicated.

December 13, 1884, Dr. P. saw him in bed, muttering. He injected five drops of a four per cent solution of cocaine and the patient slept until the next morning and then went to his business. He had employed the remedy every day since and says that he has not the least desire for drink. Of course, a single case like this is not sufficient to base an opinion upon.

DR. DICKINSON had used the muriate of cocaine in the form of instillations for the removal of powder grains from the cornea and also in a case where the cornea had been torn by a nail striking it. He has employed it successfully in cases of photophobia and he thinks that it bids fair to be of great service in ophthalmic practice. Its contraindications, however, will have to be learned by experience.

DR. POLLAK remarked that Knapp had reported a couple of cases of syncope, lasting for several minutes, and following the subconjunctival injection of the drug. Dr. P. last week saw a case in which plastering fell into the eyes of a man and raised a fearful inflammation. It was impossible to open the lids. In less than two minutes after the application of cocaine they were completely under control.

DR. BREMER wished to observe, in reference to the first case reported by Dr. Pollak, that alcoholism and dipsomania are very different and distinct. The alcoholist drinks and tipples for years until delirium tremens overtakes him. A great many persons are alcoholists without knowing it. The dipsomaniac drinks periodically to excess until his stomach revolts and will not permit him to drink any more; he never gets delirium tremens. Therapeutically an alcoholist may be cured, a dipsomaniac never. Alcoholism is acquired; dipsomania is hereditary. In regard to cocaine in alcoholism he had a little experience some time ago. A physician of Arkansas consulted him for the morphine habit contracted after drinking. Cocaine, in one-tenth grain injections, was suggested. The patient wrote a very enthusiastic letter after the first fortnight; there was no more craving for alcohol or morphia. In about a month he quit it, saying it had lost its charm and he returned to morphia. It would seem that such patients must be kept under the eye of a physician, and cannot be left to treat themselves.

DR. POLLAK inquired if dipsomania was possible without alcoholism.

DR. BREMER answered that if a dipsomaniac cannot get whisky he will take ether, chloroform or some other stimulant periodically. There is a case on record where an individual took petroleum, as nothing else was obtainable. The allusion to ether reminded him of a queer case. Shortly after ether was introduced as an anesthetic in Berlin, its wonderful effects were described by a professor. A theological student heard of it and commenced the inhalation of ether and intoxicated himself for weeks together. He became notorious and was known as "ether Fritz." A similar case was well-known in Paris, a young man of rich parentage, committing all manner of follies and extravagances whilst under the influence of the ether. He had no doubt that Dr. Pollack's case was a dipsomaniac.

DR. ATWOOD had seen two cases of intense

neuralgia of the eyeball which a few drops of a four per cent solution of cocaine relieved in a few moments. He detailed the case of a man, aged 30, who had the opium habit and had been six months in the house of a specialist of New York. The desire returned and he had slightly indulged again. Dr. A. gave him one and a half grains of cocaine hypodermically three times a day. This produced pleasurable mental excitement but made him somewhat sleepless. Extreme iciness of the extremities followed together with marked dilatation of the pupils. The dose was increased and he finally said he had no desire for morphia He was three weeks under observation and seems to be perfectly well. We must take into consideration however that opium eaters are notorious liars.

Dr. Moore inquired if any one had used Squibb's preparation. He had employed it without any effect.

Dr. Atwood had employed Merck's and Parke, Davis & Co.'s, and saw no difference.

Dr. Williams had not used Squibb's but Merck's, and lately White's, of Philadelphia, which seemed to be as good as Merck's with the exception that it irritates slightly when first introduced into the eye. In a case of enucleation of the globe, after instilling it, he injected a few drops into the conjunctiva on either side of the eyeball. He got through the operation nicely, there being but little pain. The question occurred to him as to whether there might not be a cocaine habit established in the continual use of the drug.

Dr. Bremer would remark that among the South American tribes there are found individuals who are victims to the drug. The first sign of chronic intoxication is loss of appetite, followed by loss of memory and finally of motor power, death being due to paralysis.

Dr. Love thought that it was proven that cocaine is a most powerful local sedative on the skin and on mucous membranes. He also thought that its application in but one case proved but little. A physician told him that in a case of morphinism it acted very well, but the coca habit, which is a very expensive one, had been substituted. Dr. L. employed it in a case suffering from an extended debauch and an addiction to opium. No special effects followed its hypodermic injection, and it took more than the usual amount of opium to bring on sleep.

Dr. Atwood inquired if any one had observed the effects of oleate of cocaine in vomiting during pregnancy.

Dr. Love would think the oleates advantageous where an operation was performed on the skin.

Dr. Henske had used cocaine in the vomiting of pregnancy. No effect was produced. The preparation was Squibb's.

Dr. Moore was told by a physician that a drop of the solution fell on his lip and when he placed his cigar in his mouth he was unconscious of its presence except when he felt it with his fingers or looked at it.

Dr. Atwood thought that the oleate would do good if applied to the cervix uteri.

Dr. Laidley had used the drug with varying success in different cases.

Dr. Dickinson said that there was a great difference in the preparations furnished. The use of cocaine, locally, will temporarily destroy the sense of taste and of smell.

Jequirity.

Dr. Pollak said that jequirity is more generally used at present than heretofore. In his own hands it yielded excellent results in typical cases of trachoma and pannus. He used a very weak solution, one-half per cent, and only two or three applications a day apart. He always obtained a high degree of inflammation with abundant secretion. He formerly macerated the beans twenty-four hours, now he places one bean in about two drams of water for an hour and finds two or three drops of this solution sufficient. He has had but one failure in 151 cases.

Dr. Atwood inquired if jequirity had been applied to other mucous membranes.

Dr. Pollak said that Dr. Ford had used it on the os uteri and vagina and succeeded getting some degree of inflammation.

Dr. Williams had injected a solution into the drum cavity through an Eustachian catheter in order to produce an inflammation of the middle ear to relieve the patient of distressing subjective noises. A decided inflammation was produced which subsided in the course of a few days, but the noises continued.

Dr. Ohmann-Dumesnil said that Dr. Shoemaker of Philadelphia, had reported his use of jequirity in a number of skin diseases. The troubles in which it seemed to do the most good, however, were lupus, rodent ulcer and allied affections. By producing an artificial inflammation of a high grade the normal tissues beneath the neoplasms were invaded and in the process the new deposit was thrown off. By applying antiphlogistic remedies a subsidence of the process took place,followed by scars, soft in texture of a rapid formation. In regard to the number of applications to be made the physician had to be guided by the condition present. As far as observed

the remedy is an admirable one in a certain number of the class of cases mentioned.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, April 20, 1885, Dr. C. W. Purdy, First Vice-President, in the Chair; Dr. L. H. Montgomery, Secretary.

"Nervous Symptoms Due to Overlooked Anomalies of the Eyes and Ears" is the title of a paper read by Dr. H. Gradle, in which he referred to a classification of diseases according to their etiology which he proposed at the meeting of the Illinois State Medical Society of 1884.

In his paper to-night various instances were presented from the writer's observations. The special interest which these cases present is the fact that the local eye and ear symptoms were so insignificant that the primary trouble was either wholly overlooked or at least not supposed to have any connection with the more annoying nervous symptoms in distant parts.

The only region of the eye the irritation of which the author ever knew to cause disturbance at a distance is the ciliary muscle, the condition of undue strain to which this muscle is subjected in hypermetropia and astigmatism which gives rise to so much remediable misery. Notes of twenty cases were in the author's possession in which the patients and generally their medical attendants had no definite idea that their misery was traceable to a defective state of their eyes.

In most cases of weakness of the eyes the pain or the dimmed sight show the sufferer that his eyes are at fault.

The most frequent symptom produced by eye-strain is headache, which is always frontal or temporal, though it may extend in nervous people over the entire head even to the back of the neck. In some patients the pain is constant. In another class it occurs only after exertion of the eyes; perhaps most commonly a moderate pain exists without intermission, but is made worse by work. It is usually described as a dull ache. This form of headache has been permanently removed by the use of proper spectacles.

In some of the cases of astigmatism it was necessary to keep the ciliary muscle paralyzed by the use of atropine for a few days in order to have the glasses accepted.

The writer could not corroborate the view that hemicrania is sometimes due to refractive anomalies, or rather to the eye-strain which they engender.

The writer has never seen migraine cured by glasses alone. Undoubtedly the correction of eye-strain will facilitate the cure, or at least mitigate the migraine. With or without headache, dizziness is a common result of eye-strain; this rarely amounts to any danger of falling or reeling, and it is more commonly a dazed feeling, a difficulty of concentration upon any one subject both of thought and of sight.

Gastric disturbance sometimes also occurs, yet there is no stomach difficulty but that which is dependent upon an overlooked anomaly of refraction. Some patients though state that eye-strain of which they are conscious gave them a feeling of gastric uneasiness.

The author cited a marked case, that of a man 33 years of age for whom he had prescribed moderately strong concave cylinders in spectacle frame on account of intense eye-strain, headache and dizziness, and when three years later the patient was seen he was well satisfied as far as his eyes were concerned. A few months ago, he had a new pair of glasses made, since which time he has felt somewhat dazed and frequently slightly nauseated; he had lost his appetite and had acquired a loathing for food. They were in the form of eye-glasses, hence the direction of their axes was not quite constant. The patient himself wondered whether the eye-glasses were to blame, inasmuch as there were no other signs present of actual intestinal disease. After the patient had returned for a few days to his glasses set in a rigid frame, all symptoms of stomach disorder promptly disappeared.

Ear lesions also may cause disturbances at a distance. The writer has notes of fifteen cases in which the aural treatment surprised the patients by curing their complaints in distant parts. It is well known that irritation of the walls of the meatus will produce cough in many persons. A case was cited of the continued occurrence of this reflex, that of a young man who had had a cough for some months, coming on in distressing fits, which several physicians had failed to remove. An eczema of the meatus which he supposed to have been there, but to which he had not paid any attention for several months, had lately spread further along the auricle. After a single application of a strong solution of nitrate of silver to the well-denuded and scraped eczematous surface, his coughing fits never returned; the cure was permanent, as was ascertained six weeks subsequently.

Another instance, that of a child having nocturnal attacks of spasmodic coughs which kept the parents in a state of alarm for three weeks, was relieved by taking a plug of ex-

foliated epithelial scales out of the auditory meatus. This peculiar disease of the epithelium is always accompanied by some interference with the permeability of the Eustachian tube, probably due to congestion. The existence of these casts in the meatus does not always produce local symptoms.

The most frequent distant symptoms produced by this ear disease is headache, generally diffuse, and often very persistent. One case, that of a young girl, who had nothing but persistent dull headache, had been treated by several prominent physicians without success. It was finally thought that possibly the eyes might be at fault, which, however, was not the case. There existed a slight post-nasal catarrh; her hearing was practically normal. But there were the above described casts in both ears and some obstruction of the Eustachian tubes. The removal of these casts cleared her head considerably and the inflation of the middle ear made her feel perfectly normal immediately; her pain returned slightly some hours later, but was neither as annoying nor as persistent as it had been. It disappeared gradually during the next two week's treatment of the post-nasal catarrh and inflation of the middle ear.

Two other somewhat similar instances were cited with neuralgia of the fifth nerve on the side of the affected ear which led to the detection of the ear disease. While vertigo accompanies quite often any disease of the middle ear which increases the intralabyrinthine pressure, the writer had never observed dizziness without the patient being aware of his ear trouble, except in very young children. One instance related was that of a child three to four years of age that reeled and staggered for several days while suffering from an acute nasal catarrh which had involved the Eustachian tubes, but had not perceptibly injured the hearing. Immediate improvement followed inflation of the middle ear and dispelled the parent's anxiety about disease of the brain.

The writer also recited a case of clonic spasm of the eye-lids that is to say continuous twitching and winking in a child of six years, who had slipped a bead into its left ear three weeks previously. The bead had reddened the meatus slightly but caused no further local irritation. Within two days after its removal the blepharospasm ceased. One instance of spasmodic torticollis the result of irritation of the meatus and the middle ear was mentioned. A child four years of age had had an acute otitis of the right side. The otorrhea had not ceased, but the discharge was very slight, it formed crusts which the mother took for wax. Four months later, spasm of the right sterno-cleido-mastoid muscle began which increased for a week and then remained uniform during the child's waking hours. Examination revealed a large polypus springing from the roof of the tympanum. After removing the polypus the wry neck became markedly less, and disappeared entirely together with the otorrhea on applying boracic acid powder during the following week.

(There was no discussion on this paper.)

Treatment of Croup and Intubation of the Larynx Illustrated.

Dr. F. E. Waxham read an elaborate paper upon this subject in which reference was made to the host of so-called specific remedies that have been proposed in the treatment of pseudo-membranous laryngitis. Said he, not only should the treatment vary in different cases but in the different stages of the same case.

Among the most important indications may be enumerated the following agents in a

Synopsis of the Treatment of Croup.

1. Prevent as far as possible the formation of false membranes by cold applications, blisters, quinine, digitalis, aconite, veratum, emetics, purgatives.

2. When a membrane has formed, cause its dissolution and expulsion as rapidly as possible by spray of pancreatine,lime water, liquor potassæ, lactic acid, phosphoric acid; by bichloride of mercury, lactate of iron, emetics.

3. Control laryngeal spasm by opium, bromide of ammonium.

4. Prevent complications by uniform temperature.

5. Support the strength of the patient—nourishment, stimulants.

6. In case of threatened suffocation tube the larynx or perform tracheotomy.

The writer dealt minutely with each remedy as suggested above. To fulfil the first indication—namely to prevent plastic exudation, it is certainly clear that so far as we are successful in controlling the local inflammation so far we will be successful in limiting its product, the exudate.

To meet the second indication we must resort to using solvents and emetics of which tripsin is the most satisfactory. Next in order are lime water, liquor potassæ and a ten per cent. solution of lactic and dilute phosphoric acids. They should be used in the form of a spray with the kind of atomizer that has been recommended by Dr. Henry Dwight Chapin in his article as published in the New York Medical Record, March 7, 1885, which consists of a rounded nozzle at the end that

should be directed downwards at a right angle to the stem of the atomizer.

The solution to be of benefit must be used frequently, at least every half hour.

False membranes will be dissolved in an officinal solution of lime water, in from seven to twenty minutes.

Yet the vapor of lime water if used in whatever form, is useless as a solvent; at least if any benefit is derived from inhalations of it, it is due simply to the moisture.

Regarding the use of lactate of iron the writer thinks it has slow digestive properties. In five cases treated with bichloride of mercury both before and after tracheotomy, but one case terminated favorably, and this was ascribed to other treatment as well.

Alum or alum combined with ipecac is as good as any emetic for causing the ejection of the false membrane.

Opium serves a double purpose in the relief of laryngeal spasm by its power also of controlling pain. Interesting and minute histories of cases of nasal diphtheria, pseudomembranous laryngitis complicated with broncho-pneumonitis, etc., were recited along with the treatment in detail. One case particularly of the latter variety that recovered, where several masses of false membrane were rejected at different times and subjected to experiments from which the following conclusions are deduced:

1. A solution of pancreatine with soda bicarb. and glycerine, thus:

℞ Ext. pancreatis, (Fairchild's) gr. xv.
Sodii bicarb., - - - gr. iij.
Glycerin. pur.
Aqua destill. - - aa ℥ss.

M.

is the quickest and most satisfactory solvent

2. Lime water in the form of spray is a rapid solvent of false membrane, but does not act as quickly as a solution of pancreatine.

3. Lactic acid is not a satisfactory solvent.

Regarding tubing the larynx, to Dr. J. O. Dwyer, of New York City, belongs the great credit of originating this bold and ingenious method of treating croup which was then illustrated by experiments (upon the head of of a cadaver in which the brain had been removed but the larynx and trachea remained), and the advantages of intubation over tracheotomy were explained:

1. That with a little dexterity and practice it can be very easily and quickly performed and without danger.

2. We have no mutilation or disfigurement of the patient.

3. We have no wound that may be the cause of shock, or that may be the source of systemic infection.

4. The laryngeal tube can be worn much more easily with much less irritation than the canula after a tracheotomy. Coughing and expectoration occur just as easily.

5. It does not require the close and unremitting care of the medical attendant, as does a tube after tracheotomy.

6. The air that reaches the lungs is warm from its contact with the upper air passages and not as likely to cause bronchitis or pneumonia.

7. Much less objection will be raised by parents against tubing.

Discussion.

Dr. F. O. Stockton stated that three years ago in Vienna he began making experiments with the idea of devising something to replace or take the place of tracheotomy in the treatment of croup. His first idea was to fasten in a male silver catheter passed through the mouth, but he soon found that would not do, as it prevented the taking of food and was liable to inflict injury by the free end coming in contact with external objects. Then he cut off a piece of silver tubing and turned a flange on it, the flange to rest on the vocal chords,but that would not do as it was soon coughed out, the tube being only an inch long. Next he made a triangular tube the shape of the glottis when at forced inspiration. This was retained better, but it was finally coughed up also. After that he made a tube of the same shape with the addition of two spring flanges to spring out below the vocal cord. This was retained, but caused a good deal of inflammation and could only be removed with difficulty, as the mucous membrane would swell in around the flange.

All of his experiments were made without any knowledge of the experiments of Dr. O. Dwyer.

Honor to whom honor is due, and Dr. O. Dwyer has apparently successfully solved the problem of tubing the larynx.

Dr. D. A. K. Steele corroborated the statement of Dr. Waxham so far as immediate relief was afforded to a child he had seen in consultation with him and that the child took fluids from a spoon slowly and swallowed semi-solid boluses of food.

Dr. E. Andrews had not tried tubing the larynx. He believed it was an important operation and hopes it may prove to be the thing until at least somebody invents a better method. The speaker inquired of Dr. Stockton if any suspicion or probability exists that the lower flange might slip down into the trachea or is it liable to be drawn into it,

or if the weight of the tube is sufficient to overcome the resistant nature of the vocal cords?

Dr. Stockton replied no, there is no danger of the tubes being drawn into the trachea, owing to the resistant nature of the vocal chords, and again the length of the tube is such that it nearly reaches the bifurcation. The tube used is not liable to fill up with membrane either, as they are gold plated and cannot corrode and as the surface is perfectly smooth and will not afford lodgment to foreign bodies that would plug the tube and cause it to be drawn into the trachea by inspiration.

Dr. W. F. Copeland, Dr. F. M. Weller and others contributed to the discussion and Dr. Waxham closed the debate by stating that the effort to remove the tube will cause contraction of the glottis. The longer the tube remains the less danger there will be of expelling it.

The society then adjourned.

AMERICAN MEDICAL ASSOCIATION.

Opening of the Thirty-Sixth Annual Session, New Orleans, La.

Tuesday, April 28, 1885, at 11 o'clock the American Medical Association convened in thirty-sixth annual session in the large hall of the Tulane University building on Dryades street. The hall was filled by an assemblage composed of members of the association, many ladies and residents of the city.

The meeting having been called to order, Rev. Dr. B. M. Palmer, of the Presbyterian Church, delivered an eloquent prayer, in which he said: "May the career of this profession, as represented by this association in its National Congress, be a career of splendid triumph over sickness and disease; and when at last the great decree is registered, dust to dust, for unto dust we must return, and our spirits to God that gave them, wilt Thou grant to us all that eternal life, the life that lives forever by the touch of the King, in the presence of Thy glory in Heaven."

Dr. Samuel Logan, of New Orleans, chairman of the Committee of Arrangements, formally presented Dr. Henry F. Campbell, of Augusta Ga., President of the association. Dr. Logan then delivered his

Address of Welcome.

He said: Mr. President and Gentlemen of the American Medical Association—Your organization having now been duly effected under the officers chosen at your last meeting to preside over your deliberations on this occasion, it becomes my pleasing duty, in behalf of my confreres of New Orleans as well as in the name of my other fellow-citizens, to extend to you a cordial welcome—a welcome as genial as the clime we live in, tempered by the balmy breezes of the "Mediterranean of the West"—a welcome as deep and full as the placid river whose steady current brings us constant messages of kinship and of union from so vast an extent of our common country.

Represented in this mighty Mississippi at our side are streams that come from great cities dotting at frequent intervals its fertile valleys; from village after village whose church towers peep through the foliage of its vast expanse of sloping background; from the lordly country seats and rustic homes; from the meadows fields and forests, from the prairies, steppes and rugged mountain sides of half a continent! Concentred in its current flow the streams that come from all this great extent of territory—wonderful in its variety of soil, of climate, of scenery and of productions. So, gathered in this hall I see before me representative detachments from a brotherhood that compasses a still wider scope. You have come to us, not only from the vast area embraced within the thousand arms of this great river, but also from the rocky coasts, the rugged hillsides, and the smiling valleys and snow-capped mountains of the populous East; you have come from the sandy shores, the piny plains and rolling highlands of the Atlantic Slope; you have come from the Sunny Southland, with its extended fields of snowy cotton, its vine-entangled forests bedecked with a drapery of waving moss, and its semi-tropic shores and numerous islands, laved in the tepid waters of the Gulf; from the distant ultramontane regions of the Pacific have you come, crossing the backbone of the continent, and speeding over the arid desert on your errand of brotherhood in a noble cause. From North, from East, from South, from West, you come to meet in council for that common cause. Workers yourselves, and representing thousands of fellow-workers, you assemble here to report progress, and by personal contact to stimulate each other to still further efforts in behalf of scientific medicine. Welcome, welcome for your cause, as also for yourselves.

Scientific medicine is the application of knowledge of all kinds—that is of science—to the physical, the mental and the moral benefit of mankind.

Science unápplied, or applied only to the gratification of personal vanity or personal

taste, is cold and soulless; use it for man's best interests and it becomes elevated to the dignity of a religion. Excuse the boldness of the assertion, but I venture to repeat and to emphasize my definition. This application of knowledge to man's highest interests on earth is the religion of science—the eminently practical religion, showing itself by its works; a religion which, humble though it be, and fully conscious of its imperfections, still struggles with its best efforts to do good; a religion which asserts fallibility, and by that very assertion holds out an assuring promise of continued improvement; a religon which, ex necessitate reri, can have no set creed; for, modified by the ever increasing fund of abstract knowledge, its intellectual formula must change accordingly; while its benevolent work goes on, forever improving with the accumulating knowledge of the ages. Assembled representatives of the priesthood of this religion, almost coeval with man's advent on earth, and destined to endure even to the "last syllable of recorded time," whose votaries are confined within no limits of country, of nationality, of race or creed, we are proud to welcome you among us. May your stay with us be pleasant, and may your deliberations and your conferences be worthy of this great cause so dear to the heart of humanity.

More than a decade has elapsed since we of New Orleans enjoyed this privilege. During that time your work has gone bravely on, and your numbers have greatly increased. But the places of many old and honored members whom we, who are are now in turn growing gray in the harness, so well remember at the last meeting here, are filled by younger men, while many have passed from earth. Excuse us if the joy of our welcome be mellowed by our sorrow for their absence.

The meeting I allude to was an era in the history of our association. A sad interval had occurred; civil war had cast its blight over the land, and its shadow still darkened our lives and unduly embittered our hearts. Then came the time when one who commanded the respect and admiration of all saw the happy opportunity for one more act of far-reaching good. He, of all others, best knew how to utilize that opportunity. Through his personal influence, so magically genial, yet so firm, he wrought out the too long deferred reconciliation in our ranks. Starting with the advocacy of a distinguished Alabamian for your highest office and seeing him elected, he next, aided by his distinguished pupil—one whom you have also since honored in like manner, and in honoring whom you have honored us—he caused the selection of this metropolis of the South as the fit scene for the happy consummation of his heart's desire. The deed was done, For to such an invasion under such a leader, in such a cause, we could offer no resistance. With an almost paternal authority he gathered his children around him once more in the common household, and taught us to work together again in peace and amity. He lived to see the full fruition of his labor of love, but has gone at last full of honor to his rest. Again we meet in this hall, hallowed by his dearest memory; and again have you honored with your highest gift another distinguished Southerner. Would, Mr. President, he were, with our other ex-Presidents, at your side on this occasion. To few, indeed, is it given to be great in heart as well as brain; but were we asked to point from our ranks a single instance of this happy combination what name would spontaneously start from every lip but that of Samuel D. Gross? May his well-spent life prove an ever fruitful example for the young men of our profession, and may his noble spirit be ever present with us all, to bind us with an enduring bond of brotherhood.

* * *

The ex-Presidents of the association were invited to seats on the platform.

Those appearing were Dr. N. S. Davis, of Chicago; Dr. J. M. Toner, of Washington, D. C., and Dr. T. G. Richardson, of New Orleans.

Col. Wm. Preston Johnston, President Tulane University, was also present.

Dr. Logan announced the entertainments. to be given on Wednesday and Friday in honor of the visitors, and stated that the ladies accompanying the visiting physicians were, of course, included in these invitations.

* * *

President's Annual Address.

President Campbell then delivered his annual address, of which the following is a brief review:

In opening he expressed his acknowledgments of the honor conferred on him and his state in his election. He referred to the many distinguished men who had occupied the position. He dwelt on their brilliant and admirable qualities, which remained with the association as an inheritance and a treasure. The speaker eloquently set forth the capacity of the association for grand achievements in the past and present and the elements upon which reliance was to be placed in working out the triumphs of the future. He

paid an eloquent tribute to Dr. Davis, the founder of the association.

After his sketch of prominent members of the association and of the organization as a whole, Dr. Campbell illustrated the devotion of physicians to humanity by their heroic deeds in New Orleans in times of pestilence. He pointed out that this city, once synonymous with disease and death, was now the Mecca, the resort of people from all parts of the world, who had come to survey the wonders of the Exposition. The speaker painted in glowing colors the beauty and majesty of the Crescent City, and expressed his pleasure in being present at such a season.

Dr. Campbell next spoke of the rationale of the American Medical Association, and drew a comparison between the annual sessions and the Congress of the United States. In the former case the constituency of the Congress was the medical profession of the United States.

Toward the close of his address the speaker called attention to several matters of interest to the society and the profession, especially that of medical jurisprudence. He recommended the appointment of a committee to take into consideration the question of forensic medicine, and the relations of the medical man to the tribunal of law. A vote of thanks was passed to the President, and his recommendation was adopted.

Dr. T. G. Richardson

read the report of a special committee, Dr. Austin Flint, Chairman, in regard to the death of Prof. S. D. Gross, of Philadelphia, M. D., LL. D.

Dr. Flint was an intimate friend of Dr. Gross, one of the most eminent of American physicians, surgeons and authors. He was well fitted to write the biography of this remarkable man, and his report was a graceful and eloquent review of Dr. Gross' life and work.

Under the call for other

Special Reports,

Dr. J. S. Billings, of the Medical Department United States army, submitted two reports. He stated that the committee appointed for that purpose had succeeded in obtaining from Congress an appropriation to establish a building for a medical museum and library in Washington, which is to be fireproof.

Dr. Billings also reported with regard to the next meeting of the International Medical Congress, that this body would convene in Washington, D. C., in 1887, and that the committees appointed to arrange for that event were pushing forward their work.

This report was fixed for consideration at noon the following day.

A special report was submitted for a committee, Dr. Gihon, chairman, on the subject of erecting a monument in Washington to Dr. Benjamin Rush. Fixed for Friday.

Dr. Logan read the titles of

A Number of Surgical Papers,

submitted since the printing of the programme, which were referred to the chairman of the section on Surgery.

On motion of Dr. Logan, the following named gentlemen were made members by invitation, or guests; Drs. Edward Jones, A. B. Miles, C. J. Bickham, of New Orleans; A. E. Forte, of Philadelphia; Dr. J. J. Gauthreaux, of Louisiana; Dr. James R. Scarborough, of Kentucky.

An Invitation

was received from the Interior Department in the Government Building Exposition Grounds, to visit that Department on Saturday. Also an invitation from the Young Men's Christian Association to visit their rooms.

Dr. Kinlock, of South Carolina, submitted, by request of the Medical Society of that state, a report of a committee on the discovery of the anesthetic properties of sulphuric ether, and asking action on the claims set forth. The report was referred to the section on Materia Medica.

The association then adjourned to 10 o'clock the day following.

In the afternoon the various sections met to consider the papers referred to them as follows:

Section on Practice of Medicine, Materia Medica and Physiology, Tulane Hall, at 3:30 p. m.

Dr. H. D. Didama, of Syracuse, N. Y., Chairman.

Dr. G. M. Garland, of Boston, Mass., Secretary.

1. "The Treatment of Carbuncle, Without Incision." By L. Duncan Buckley, M. D., of New York.

2. "Syphilis as it Appears Among Negroes." By Thomas F. Wood, Wilmington, N. C.

3. "Practical Suggestions on the Administration of Potassium Iodide in the Treatment of Syphilis." By Morris H. Henry, M. D., of New York.

4. "The Percuteur; its Use in Diseases of the Nervous System." By A. F. Pattee, M. D., Boston, Mass.

5. "Hydatid Tumors of the Brain." By

N. Harvey Reed, M. D., of Mansfield, Ohio.

6. "Ulcer of Rectum." By A. Atkinson, M. D., of Baltimore, Md.

7. "Some Inquiry Concerning the Resources of Non-Medicinal Therapeutics." By Samuel S. Wallain, M. D., of Bloomingdale, New York.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN—LECTURE ROOM ON SECOND FLOOR, MEDICAL DEPARTMENT, TULANE UNIVERSITY, AT 3:30 P. M.

Dr. R. T. Sutton, Pittsburg, Pa., Chairman.

Dr. J. T. Jelks, Little Rock, Ark., Secretary.

"Treatment of the Secundines in Abortion and Labor." By Dr. W. H. Wathen, Louisville, Ky.

2. "Pelvic Peritonitis—Suggestions as to Cause—Recognition and Treatment." By W. W. Polk, M. D., New York City.

3. "Chronic Peri-Uterine Abscess—Its Treatment by Laparotomy." By Christian Fenger, M. D., Chicago, Ill.

4. "Parametric Abscess." By Dr. W. W. Potter, Buffalo, N. Y.

5. "How Soon after Exposure to Sepsis May the Accoucheur Resume Practice?" By Geo. F. French, M. D., Minneapolis, Minn.

SECTION ON SURGERY AND ANATOMY, TULANE HALL, LOWER FLOOR, AT 3:30 P. M.

Dr. Duncan Eve, Nashville, Tenn., Chairman.

Dr. C. B. King, Allegheny, Pa., Secretary.

1. "False Doctrine in the Treatment of Fractures." By John B. Roberts, M. D., Philadelphia, Pa.

2. "Clinical Observations on the Surgical Treatment of Varicocele." By Morris C. Henry, M. D., New York.

SECTION ON STATE MEDICINE, MEDICAL DEPARTMENT, TULANE UNIVERSITY, SECOND FLOOR.

Dr. E. W. Schauffler, St. Louis, Mo., Chairman.

Dr. J. N. McCormack, Bowling Green, Ky., Secretary.

1. "The Obligations of the State to its Citizens," or "State Boards of Health, Their Necessity and Value," by John Avery, M. D., Greenville, Mich.

2. "The Promise and the Potency of Cleanliness," by George Homan, M. D., St. Louis, Mo.

SECTION ON OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY, GRUNEWALD HALL, 3:30 P. M.

Dr. J. A. White, Richmond, Va., Chairman.

Dr. Eugene Smith, Detroit, Mich., Secretary.

1. "Two New Forms of Spray Apparatus; a New Electro-Cautery and New Electric Lamp," by W. C. Wile, M. D., Sandy Hook, Ct.

2. "Ossification of the Choroid, with Sympathetic Ophthalmia, Illustrated by Section, of an Enucleated Eye," by Flavel B. Tiffanys M. D., Kansas City.

SECTION ON DISEASES OF CHILDREN, GRUNEWALD HALL, at 3:30 P. M.

Dr. J. H. Pope, of Marshall, Texas, Chairman.

Dr. S. S. Adams, of Washington, D. C., Secretary.

1. "Acute Inflammation of the Bones During the Priod of Growth," by Edward Borck, M. D., St. Louis, Mo.

2. "Repeated Doses of Castor Oil in Certain Skin Diseases in Children," by L. Duncan Buckley, M. D., New York.

SECTION ON ORAL AND DENTAL SURGERY, GRUNEWALD HALL, AT 3:30 P. M.

Dr. W. W. Allport, of Chicago, Ill., Chairmann.

Dr. E. C. Briggs, of Boston, Mass., Secretary.

1. "Cocaine," by Dr. John S. Marshall, M. D., of Chicago, Ill.

2. "The Alternation of Rest with Effort," by Jacob L. Williams, M. D., Boston, Mass.

The total number of physicians in attendance on the session registered up to yesterday evening was 575.

SELECTIONS.

PRELIMINARY REPORT ON DISINFECTION AND DISINFECTANTS.

Made by the Committee on Disinfectants of the American Public Health Association.

The object of disinfection is to prevent the extension of infectious disease by destroying the specific infectious material which gives rise to them. This is accomplished by the use of disinfectants.

There can be no partial disinfection of such material; either its infecting power is destroyed or it is not. In the latter case there is a failure to disinfect. Nor can there

be any disinfection in the absence of infectious material.

It has been proved for several kinds of infectious material that its specific infecting power is due to the presence of living micro-organisms, known in a general way as "disease germs;" and practical sanitation is now based upon the belief that the infecting agents in all kinds of infectious material are of this nature. Disinfection, therefore, consists essentially in the destruction of disease germs.

Popularly, the term disinfection is used in a much broader sense. Any chemical agent which destroys or masks bad odors, or which arrests putrefactive decomposition is spoken of as a disinfectant. And in the absence of any infectious disease it is common to speak of disinfecting a foul cess-pool, or bad-smelling stable, or privy vault.

This popular use of the term has led to much misapprehension, and the agents which have been found to destroy bad odors—deodorizers—or to arrest putrefactive decompoition—antiseptics—have been confidently recommended and extensively used for the destruction of disease germs in the excreta of patients with cholera, typhoid fever, etc.

The injurious consequences which are likely to result from such misapprehension and misuse of the word disinfectant will be appreciated when it is known that:

Recent researches have demonstrated that many of the agents which have been found useful as deodorizers, or as antiseptics, are entirely without value for the destruction of disease germs.

This is true, for example, as regards the sulphate of iron or copperas, a salt which has been extensively used with the idea that it is a valuable disinfectant. As a matter of fact, sulphate of iron in saturated solution does not destroy the vitality of disease germs or the infecting power of material containing them. This salt is, nevertheless, a very valuable antiseptic, and its low price makes it one of the most availble agents for the arrest of putrefactive decomposition in privy vaults, etc.

Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended, when masses of organic material in the vicinity of human habitations cannot be completely destroyed, or removed, or disinfected.

While an antiseptic agent is not necessarily a disinfectant, all disinfectants are antiseptics; for putrefactive decomposition is due to the development of "germs" of the same class as that to which disease germs belong, and the agents which destroy the latter also destroy the bacteria of putrefaction, when brought in contact with them in sufficient quantity, or restrain their development when present in smaller amounts.

A large number of the proprietary "disinfectants," so-called, which are in the markets are simply deodorizers or antiseptics, of greater or less value, and are entirely untrustworthy for disinfecting purposes.

Antiseptics are to be used at all times when it is impracticable to remove filth from the vicinity of human habitations,but they are a poor substitute for cleanliness.

During the prevalence of epidemic diseases, such as yellow fever, typhoid fever and cholera, it is better to use,in privy vaults, cess-pools, etc., those antisepsics which are also disinfectants, i e., germicides; and when the contents of such receptacles are known to be infected this becomes imperative.

Still more important is the destruction at our seaport quarantine stations of infectious material which has its origin outside of the boundaries of the United States, and the destruction, within our boundaries, of infectious material given off from the persons of those attacked with any infectious disease, whether imported or of indigenous origin.

In the sick-room we have disease germs at an advantage, for we know where to find them as well as how to kill them.

Having this knowledge, not to apply it would be criminal negligence, for our efforts to restrict the extension of infectious diseases must depend largely upon the proper use of disinfectants in the sick room.

General Directions.

Disinfection of Excreta, etc.—The infectious character of the dejections of patients suffering from cholera and from typhoid fever is well established; and this is true of mild cases and of the earliest stages of these diseases as well as of severe and fatal cases. It is probable that epidemic dysentery, tuberculosis, and perhaps diphtheria, yellow fever, scarlet fever and typhus fever may also be transmitted by means of the alvine discharges of the sick. It is therefore ofthe first importance that these should be disinfected. In cholera, diphtheria, yellow fever and scarlet fever, all vomited material should also be looked upon as infectious. And in tuberculosis, diphtheria, scarlet fever and infectious pneumonia, the sputa of the sick should be disinfected or destroyed by fire. It seems advisable also to treat the urine of patients sick with an infectious disease with one of the disinfecting solutions below recommended.

Chloride of lime, or bleaching powder, is, perhaps, entitled to the first place for disinfecting excreta, on account of the rapidity of its action. The following standard solution is recommended:

STANDARD SOLUTION No. 1.

Dissolve chloride of lime of the best quality (Good chloride of lime should contain at least 25 per cent of available chlorine.—See preliminary report of committee on disinfectants; The Medical News, Philadelphia, February 7, 1885, page 147.—It may be purchased by the quantity at five cents per pound. The cost of the standard solution recommended is therefore less than two cents a gallon. A clear solution may be obtained by filtration or by decantation, but the insoluble sediment does no harm, and this is an unnecessary refinement) in soft water, in the proportionof four ounces to the gallon.

Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc. Mix well and leave in vessel for at least ten minutes before throwing into privy-vault or water closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution.

STANDARD SOLUTION No. 2.

Dissolve corrosive sublimate and permanganate of potash in soft water, in the proportion of two drams of each salt to the gallon.

This is to be used for the same purposes and in the same way as Standard Solution No. 1. It is equally effective, but it is necessary to leave it for a longer time in contact with the material to be disinfected, at least an hour. The only advantage which this solution has over the chloride of lime solution consists in the fact that it is odorless, while the odor of chlorine in the sick room is considered by some persons objectionable. The cost is about the same. (Corrosive sublimate costs about seventy cents a pound, and permanganate of potash sixty-five cents a pound, by the single pound. This makes the cost of Standard Solution No. 2 a little more than two cents a gallon). It must be remembered that this solution is highly poisonous. It is proper, also, to call attention to the fact that it will injure lead pipes if passed through them in considerable quantities.

STANDARD SOLUTION No. 3.

To one part of Labarraque's Solution (liquor sodæ chlorinatæ) add five parts of soft water,

This solution is more expensive (We assume that the solution used will contain at least three per cent of available chlorine, which would give us five per cent in the diluted solution. The cost per gallon of the undiluted solution should not be more than fifty cents by the quantity. This would make our standard solution cost between eight and nine cents a gallon.) than the solution of chloride of lime, and has no special advantages for the purposes mentioned. It may, however, be used in the same manner as recommmended for Standard Solution No. 1.

The following powder is also recommended for the disinfection of excreta in the sick room and of privy-vaults, etc.:

DISINFECTING AND ANTISEPTIC POWDER.

One pound of chloride of lime; one ounce of corrosive sublimate; nine pounds of plaster of Paris. Pulverize the corrosive sublimate and mix thoroughly with the plaster of Paris. Then add the chloride of lime and mix well. Pack in paste-board boxes or in wooden casks. Keep dry.

As an antiseptic and deodorizer this powder is to be sprinkled upon the surface of excreta, etc.

To disinfect excreta in the sick room, cover the entire surface with a thin layer of the powder, one fourth inch thickness, and if the material is not liquid pour on sufficient water to cover it.

Disinfection of the person.—The surface of the body of a sick person, or of his attendants, when soiled with infectious discharges, should be at once cleansed with a suitable disinfecting agent. For this purpose Standard Solution No. 3 may be used.

In diseases like small-pox and scarlet fever, in which the infectious agent is given off from the entire surface of the body, occasional ablutions with Labarraque's Solution, diluted with twenty parts of water, will be more suitable than the stronger solution above recommended.

In all infectious diseases the surface of the body of the dead should be thoroughly washed with one of the standard solutions above recommended, and then enveloped in a sheet saturated with the same.

Disinfection of clothing.—Boiling for half an hour will destroy the vitality of all known disease germs, and there is no better way of disinfecting clothing or bedding which can be washed than to put it through the ordinary operations of the laundry. No delay should occur, however, between the time of removing soiled clothing from the person or bed of the sick and its immersion in boiling water, or in one of the following solutions; and no article should be permitted to leave the infected room until so treated.

STANDARD SOLUTION No. 4.

Dissolve corrosive sublimate in water (Mercuric chloride—corrosive sublimate—is soluble in the proportion of one part in sixteen. Solution is greatly facilitated by heat.) in the proportion of four ounces to the gallon, and add one dram of permanganate of potash to each gallon to give color to the solution.

One fluid ounce of this standard solution to the gallon of water will make a suitable solution for the disinfection of clothing. The articles to be disinfected must be thoroughly soaked with the disinfecting solution and left in it for at least two hours, after which they may be wrung out and sent to the wash.

N. B. Solutions of corrosive sublimate should not be planed in metal receptacles, for the salt is decomposed and the mercury precipitated by contact with copper, lead or tin. A wooden tub or earthen crock is a suitable receptacle for such solutions.

Clothing may also be disinfected by immersion for two hours in a solution made by diluting Standard Solution No. 1 with nine parts of water—one gallon in ten. This solution is preferable for general use, especially during the prevalence of epidemics, on account of the possibility of accidents from the poisonous nature of Standard Solution No. 4. When diluted as directed this solution may, however, be used without danger from poisoning through the medium of clothing immersed in it, or by absorption through the hands in washing. A poisonous dose could scarcely be swallowed by mistake, owing to the metallic taste of the solution, and the considerable quantity which would be required to produce a fatal effect—at least half a pint.

Clothing and bedding which cannot be washed may be disinfected by exposure to dry heat in a properly constructed disinfecting chamber for three or four hours. A temperature of 230° F. should be maintained during this time, and the clothing must be freely exposed—i. e., not folded or arranged in piles or bundles, for the penetrating power of dry heat is very slight.

The limitations with reference to the use of dry heat as a disinfectant are stated in a "Preliminary Report of the Committee on Disinfectants," published in The Medical News, Philadelphia March 14, 1885.

The temperature above mentioned will not destroy the spores of bacilli—e. g. of the anthrax bacillus, but is effective for the destruction of all disease germs which do not form spores; and there is good reason to believe that this list includes small-pox, cholera, yellow fever, diphtheria, erysipelas, puerperal fever and scarlet fever (?) Moist heat is far more effective, and it is demonstrated that ten minutes' exposure to steam, at a temperature of 230° F., will destroy all known disease germs, including the most refractory spores.

In the absence of a suitable disinfecting chamber, it will be necessary to burn infected clothing and bedding, the value of which would be destroyed by immersion in boiling water, or in one of the disinfecting solutions recommended.

Disinfection of the sick room.—In the sick room no disinfectant can take the place of free ventilation and cleanliness. It is an axiom in sanitary science that it is impracticable to disinfect an occupied apartment; for the reason that disease germs are not destroyed by the presence in the atmosphere of any known disinfectant in respirable quantity. Bad odors may be neutralized, but this does not constitute disinfection in the sense in which the term is here used. These bad odors are, for the most part, an indication of want of cleanliness, or of proper ventilation; and it is better to turn contaminated air out of the window, or up the chimney, than to attempt to purify it by the use of volatile chemical agents, such as carbolic acid, chlorine, etc., which are all more or less offensive to the sick, and are useless so far as disinfection—properly so-called—is concerned.

When an apartment which has been occupied by a person sick with an infectious disease is vacated, it should be disinfected. But is hardly worth while to attempt to disinfect the atmosphere of such an apartment, for this will escape through an open window and be replaced by fresh air from without, while preparations are being made to disinfect it. Moreover, experience shows that the infecting power of such an atmosphere is quickly lost by dilution, or by the destruction of floating disease germs through contact with oxygen, and that even small pox and scarlet fever are not transmitted to any great distance through the atmosphere; while cholera, typhoid fever, and yellow fever are rarely, if ever, contracted by contact with the sick, or by respiring the atmosphere of the apartments occupied by them.

The objects of disinfection in the sick room is, mainly, the destruction of infectious material attached to surfaces, or deposited as dust upon window-ledges, in crevices, etc. If the room has been properly cleansed and ventilated while still occupied by the sick person, and especially if it was stripped of carpets and unnecessary furniture at the outset

of his attack, the difficulties of disinfection will be greatly reduced.

All surfaces should be thoroughly washed with a solution of corrosive sublimate of the strength of one part in 1,000 parts of water, which may be conveniently made by adding four ounces of Standard Solution No. 4 to the gallon, or one pint to four gallons of water. The walls and ceiling, if plastered, should be whitewashed with a lime wash containing the same proportion of corrosive sublimate, or they may be brushed over with the aqueous solution. Especial care must be taken to wash away all dust from window-ledges and other places where it may have settled, and to thoroughly cleanse crevices and out-of-the-way places. After this application of the disinfecting solution, and an interval of twenty-four hours or longer for free ventilation, the floors and wood-work should be well scrubbed with soap and hot water, and this should be followed by a second more prolonged exposure to fresh air, admitted through open doors and windows.

Many sanitary authorities consider it necessary to insist upon fumigation with sulphurous acid gas—produced by combustion of sulphur—for the disinfection of the room. As an additional precaution this is to be recommended, especially for rooms which have been occupied by patients with small-pox, scarlet fever, diphtheria, typhus fever and yellow fever. It should precede the washing of surfaces and free ventilation above recommended. But fumigation with sulphurous acid gas alone, as commonly practiced, can not be relied upon for the disinfection of the sick room and its contents, including bedding, furniture, infected clothing, etc., as is popularly believed. And a misplaced confidence in this mode of disinfection is likely to lead to a neglect of the more important measures which have been recommended. In the absence of moisture the disinfecting power of sulphurous acid gas is very limited, and under no circumstances can it be relied upon for the destruction of spores. (See Preliminary Report of Committee on Disinfectants in The Medical News of March 28, 1885.) But exposure to this agent in sufficient quantity, and for a considerable time, especially in the presence of moisture, is destructive of disease germs, in the absence of spores. It is essential, however, that the germs to be destroyed shall be very freely exposed to the disinfecting agent, which has but slight penetrating power.

To secure any results of value it will be necessary to close the aparttment to be disinfected as completely as possible by stopping all apertures through which the gas might escape, and to burn not less than three pounds of sulphur for each thousand cubic feet of air space in the room. (One litre of sulphur dioxide weighs 2.9 grammes. To obtain ten litres of gas it is necessary to burn completely fifteen grammes of "flowers of sulphur"—Vallin). To secure complete combustion of the sulphur it should be placed, in powder or in small fragments, in a shallow iron pan, which should be set upon a couple of bricks in a tub partly filled with water, to guard against fire. The sulphur should be thoroughly moistened with alcohol before igniting it.

Disinfection of privy-vaults, cess-pools, etc. When the excreta—not previously disinfected—of patients with cholera or typhoid fever have been thrown into a privy-vault this is infected, and disinfection should be resorted to as soon as the fact is discovered, or whenever there is reasonable suspicion that such is the case. It will be advisable to take the same precautions with reference to privy-vaults into which the excreta of yellow fever patients have been thrown, although we do not definitely know that this is infectious material. Disinfection may be accomplished either with corrosive sublimate or with chloride of lime. The amount used must be proportioned to the amount of material to be disinfected.

Use one pound of corrosive sublimate for every five hundred pounds—estimated—of fecal matter contained in the vault, or one pound of chloride of lime to every thirty pounds.

Standard Solution No. 4, diluted with three parts of water may be used. It should be applied—the diluted solution—in the proportion of one gallon to every four gallons—estimated—of the contents of the vault.

If chloride of lime is to be used, one gallon of standard solution No. 1 will be required for every gallon—estimated—of the material to be disinfected.

All exposed portions of the vault, and the wood-work above it, should be thoroughly washed down with the disinfecting solution.

To keep a privy-vault disinfected during the progress of an epidemic, sprinkle chloride of lime freely over the surface of its contents daily. Or, if the odor of chlorine is objectionable, apply daily four or five gallons of Standard Solution No. 2, which should be made up by the barrel, and kept in a convenient location, for this purpose.

Disinfection of ingesta.—It is well established that cholera and typhoid fever are very frequently, and perhaps usually, trans-

mitted through the medium of infected water or articles of food, and especially milk. Fortunately we have a simple means at hand for disinfecting such infected fluids. This consists in the application of heat. The boiling temperature maintained for half an hour kills all known disease germs. So far as the germs of cholera, yellow fever, and diphtheria are concerned, there is good reason to believe that a temperature considerably below the boiling point of water will destroy them. But in order to keep on the safe side it is best not to trust anything short of the boiling point (212° F.) when the object in view is to disinfect food or drink which is open to the suspicion of continuing the germs of any infectious disease.

During the prevalence of an epidemic of cholera it is well to boil all water for drinking purposes. After boiling, the water may be filtered, if necessary to remove sediment, and then cooled with pure ice if desired.

A sheet of filtering paper, such as druggists use, and a glass or tin funnel, furnishes the best means for filtering water on a small scale for drinking purposes. A fresh sheet of paper is to be used each day.

CORRESPONDENCE.

NEW YORK LETTER.

New York, April 25, 1885.

Editors Review: The statements of the secular press that the opinions of Gen. Grant's attending physicians are entirely conflicting, we are very glad to contradict. There has been no serious disagreement as to the diagnosis and to quote the exact words of Prof. Henry B. Sands, "the treatment has received the cordial approval of all those who have been called in consultation." And right here it is well for us to say in justice to Dr. Sands that he has never proposed or even entertained the idea of performing an operation. That Gen. Grant's disease has taken on an unusual aspect quite out of the ordinary course of epithelioma there is no question. There exists a destructive ulceration of the throat which manifests itself by an ulcer of the tongue about an inch in length and half an inch in breadth situated just to the right of the epiglottis. This ulcerative process also extends to the pharynx, destroying its right pillars. Under the right ear there is an enlarged gland with induration, which is increasing while the induration which has existed in the tongue is diminishing. The microscopical examinations of the tissues officially made by Dr. Satterthwaite have been drawn and exhibited tothe profession and pronounced epithelial cancer cells. Dr. Shrady who has been quite copious in his remarks and discussion of the case, in his editorial, to-day, says: "Nor has there been the slightest disagreement in regard to the management of the case." "It must not be supposed that Gen. Grant's physicians have neglected to take into account every possible source of error, and have not treated the case accordingly." We are thus naturally led to infer from such remarks that considering the hopelessness of the case, if malignant, he has been given the benefit of specific treatment in case of their being any possible error. Again, from the fact that the physicians while expressing their entire agreement as to the treatment of the case, neglect to speak of the same unanimity of feeling as to the diagnosis we are naturally led to infer that all do not share the positivism of Dr. Shrady.

The peculiar character of the disease, the unnecessary publicity given to the case by only a portion of the attending physicians and the insatiate reporter whose importunity for news so far exceeds his desire for true knowledge, have been the three chief factors in causing the doubt, misapprehension and misstatements of the case.

On April 15, the Academy of Medicine were presented with a portrait of their late president, Fordyce Barker, M. D., LL. D., (Edin.) from Mrs. J. J. Astor. Dr. T. M. Markoe made the presentation remarks which were eloquent and expressive. He spoke of the gift as being of greater value because it suggested a warm and kindly appreciation on the part of the world outside of our profession.

At present there is considerable stir throughout the city in regard to sanitary reform. Diarrheal troubles have been quite prevalent this spring. They are especially prevalent at this moment among the medical students who are now suffering the tortures of the green room. J. W.

BOOK REVIEWS.

The Physician Himself and What He Should Add to His Scientific Acquirements in Order to Secure Success. By D. W. Cathill, M. D. Fourth Edition. Baltimore: Cushings & Bailey, 1885.

This book has no chapter of contents, but it consists of a series of homilies intended for the guidance of the practitioner in his general relation to the public and the profession. Each

chapter is headed by some such quotation as the following.

"Together let us beat this ample field
Try what the open, what the covert yield."
Pope.

Although a good deal of it may be considered common place, it is a fact that it requires quite a good deal of practice before some of the suggestions given are incorporated into the constitution of the physician. We cannot give a better idea of the general tenor of the book than by quoting a couple of short paragraphs:

"Iron injures the teeth" is a cry which you will often hear and it originates in the fact that muriated tincture of iron which contains muriatic acid, if given without proper caution, will injure the teeth, not on account of the iron however, but of the acid that is associated with it; just as the water that makes a pot of boiling coffee would scald a person all the same if the coffee were not in it. Preparations of iron containing no free acid do not act upon the teeth."

"It is popularly believed quinine gets into the bones, destroys sight, hearing, causes dropsy, etc. So firmly do some people believe these things that you will have to humor their prejudices and give them sulphate of cinchonia, compound tincture or some other preparation of bark, when bark is indicated."

Physiology for the Young; Our Bodies, or How We Live. By Albert F. Blaisdell, M. D. Published by Lee & Shepard, Boston, and Chas T. Dillingham, New York.

This is a neat book of elementary physiology. After each chapter is a series of questions associated with the previous chapter. Of course we do not expect anything new in books of this kind, and those who can satisfy every reviewer on a selection of material and the questions related to them are not to be found every day. There is one expression which in turniug over the leaves we have alighted upon which the author in a future edition would do well to modify. Page 258: "The retina is not sensitive where the optic nerve enters the eyeball." Whilst the optic nerve in its expansion becomes the retina, the optic nerve as it enters the eyeball is not the retina.

The print is clear and the paper of good quality; the illustrations also are excellent.

Micro-Chemistry of Poisons, including their Physiological, Pathological and Legal Relations; with an Appendix on the Detection and Microscopic Discrimination of Blood. Adapted to the Use of the Medical Jurist, Physician and General Chemist. By Theodore G. Wormley, M. D., Ph. D., LL. D., with ninety-six illustrations upon steel. Second Edition, 1885. Published by J. B. Lippincott Company, Philadelphia. Chicago: Jansen, McClurg & Co.

This is one of those books which affords to the reviewer a positive pleasure. It is true everyone in any degree acquainted with the subject already knows Professor Wormley's book, but this second edition has been so much augmented and increased in value that those who are already in possession of the first volume cannot afford if they are specially interested in the subject to be without the second edition. Among the special additions to this second edition must be mentioned a new chapter on gelsemium poisoning and an appendix on the Nature, Detection and Microscopic Discrimination of Blood. The Post-Mortem Diffusion of Arsenic and Poisoning by Chlorate of Potassium have received from the author due attention and other interesting subjects associated with medico-legal questions. One curious as well as important fact appears in a foot-note of the preface, that some American beakers that have been examined since the text was written contain as much as 0.34 per cent of metallic arsenic.

The steel plates associated with the work are beautifully executed and twelve additional illustrations of microscopic crystals have been added to this edition, and one steel plate showing the apparent size of the red corpuscles of six different mammals under a power of 1150 diameters. A chromo-lithographic of blood-spectra adorns the frontispiece. The book is also a credit to the publishers.

ITEMS.

Resorcin in Skin Diseases.—Cattain ("Monatsch. f. prakt. Dermatol"; "Dtsch.Med.-Ztg.") uses the following ointment with great success:

Resorcin, - - -	30 to 60 grains.
Vaseline, - - - -	5 drams.

He speaks highly also of applications of a one per cent solution of resorcin in dermatitis, bedsores, and even epithelioma of the skin. In erysipelas he applies to the affected parts, every three hours, compresses wet with a two- or three-per cent solution.

—A Urethral Ointment for Gonorrhea.—Unna ("Dtsch. Med.-Ztg.") recommends the frequent introduction of a sound smeared with the following:

Nitrate of silver, - - -	30 grains;
Peruvian balsam, - - -	60 "
Yellow wax, - - -	1 to 2 drams;
Cacoa butter, - - -	6 ounces.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. NO. 19. CHICAGO AND ST. LOUIS, MAY 9, 1885. TERMS: $3.50 A YEAR.

THREE CASES OF SARCOMA OF THE TESTIS; CASTRATION; RECOVERY.—The Lancet (Gaillard's Med. Jour.) reports three cases of sarcoma of the testis, with castration and recovery, under the care of Mr. Sidney Jones, at St. Thomas' Hospital, and makes the following remarks in regard to them: The importance of diagnosis in case of enlargement of the testis is very great, for early removal of malignant disease is a large factor in the ultimate result aimed at—namely, complete cure. It is, however, difficult in the early stage of enlargement of a testis to give a decided opinion, and in many cases even the best authorities can give no definite diagnosis until various remedies have been tried and the tumor punctured; the latter with a view of examining the fluid withdrawn and any growth brought away in the cannula. Our readers will recollect that the chief difficulty at the commencement is to diagnose the disease from chronic inflammation of the body of the testis, and later from chronic hydrocele and from hematocele; and this task is rendered more difficult when the attention of the patient has been first directed to the diseased organ by a blow or other injury, as in two of the cases recorded by Mr. Sidney Jones. A progressive solid enlargement of the body of the testis, without evidence of inflammation, the surface being of unequal consistency, with dilatation of the scrotal veins, should always be looked upon with suspicion, more especially if treatment proves of no avail in arresting the increase of the growth.

EMETICS.—Dr. C. J. Hare read a paper at the Harveian Society of London, on "Emetics; their Present Neglect in the Treatment of Disease; is it Reasonable; is it Right?" The subject of the communication was one of the numerous points referred to in a previous address on "Good Remedies Out of Fashion." The Maryland Medical Journal quotes him as follows: Although not a panacea, in certain cases emetics cured in a marvelously short time, and in others they also appeared capable of saving life. The author passed in review the various members of this group of drugs, and their doses. Speaking generally, ipecacuanha was the most useful, in doses of 20 to 25 grains of powder in water, or 6 to 8 drachms of the wine. Now and then purgation resulted instead of emesis; but persistent diarrhea never set up. The chief value of emetics consisted in their mechanical action upon the viscera; the stomach was not only emptied, but its innumerable follicles were cleared by pressure, the lungs were compressed, and mucus forced out of the air-tubes, and the esophagus, larynx and fauces were swept clean. Allusion was made to cases of recurrent vomiting, commonly termed "bilious sick headaches," although more justly to be called "stomach-aches in the head." The persistent vomitings were endeavors of nature to expel the slimy mucus of the gastric follicles and the morbid ferments which it contained. The desired result was often at once effected by an emetic. Many anomalous ailments, accompanied by loss of appetite, nausea, the non-enjoyment of life, ill-temper, etc., were due to a similar cause, and were similarly relieved. The removal of the ropy mucus was promoted by washing out the stomach by means of warm water, which excited additional vomiting. Emetics were sometimes of signal service in severe bronchitis, and in capillary bronchitis; the fear of "exhaustion" being produced by emetics was almost confined to those who never administered one. Attacks of catarrhal

croup might be cut short in children, by half a teaspoonful of antimonial wine; and in membranous croup expulsion of the tough exudation was sometimes effected. Emetics were useful in the early stages of continued fever, of scarlatina and of measles, and in some cases of whooping-cough. They were decidedly beneficial in the treatment of delirium tremens, and also in acute mania. By the same means the paroxysms of ague could be greatly modified, and either arrested or rendered more amenable to quinine. Drugs and diseases have much the same mutual relation as in former ages; and as emetics were then found useful so they would now be, if fashion did not prevent their employment.

Methyl Chloride as a Local Anesthetic.—We called attention to the use of methyl chloride in neuralgic affections sometime ago. The French are employing it to advantage, it seems. The Paris correspondent of the British Medical Journal writes:

M. Tenneson has, in thirty-one cases, tested methyl chloride as a local anesthetic. In ten cases of sciatica, the spray of chloride of methyl produced immediate and uninterrupted relief. In seven cases, the cure continued during a period which varied from seven days to three months. Twice it was necessary to make a fresh application, and the cure was then perfect. A patient who was unable to work, and had suffered for twenty-nine months, was completely relieved, except from the pain in the heel. Several fresh applications were made, and the pain eventually disappeared. Nine out of eleven cases of muscular rheumatism were successfully treated. The pain disappeared, but muscular contraction remained. Articular rheumatism, acute and subacute, was relieved by methyl chloride; also nodular rheumatism, and chronic rheumatism of the knee, contusion of the shoulder, stitches in the side, cases of pleurisy, tuberculosis, and pneumonia. The pneumonia was cured without any ill effects from the application of methyl chloride. Five or six seconds are sufficient; if the application be prolonged, erythema, hyperesthesia, blisters, and superficial eschars may result. The spray should be directed obliquely, not allowed to fall perpendicularly on the cutaneous surface. After the first application, there may be ecchymosis of the skin. With female patients the application should last less than five or six seconds.

Ilio-Femoral Aneurism, Treated by Instrumental Compression—Cure.—Dr. W. Berry thus writes in the Lancet (Medical and Surgical Reporter):

The notes of the following case of ilio-femoral aneurism are interesting, especially as they prove the dictum of Mr. Bryant in his work on Surgery, page 463, second edition, where, in writing of ligature of the external iliac artery, he says: "This operation may be required for aneurism of the common femoral, for wound or for any other cause in which it is necessary to arrest the flow of blood through the lower extremity. It should not, however, be performed for any disease unless pressure of the artery, digital or instrumental, has proved ineffectual or is inapplicable; for Mapother (Dublin Medical Press, 1865) Eck (St. Bartholomew's Hospital Reports, 1866) and Hilton (Medical and Chirurgical Transactions, 1869) have all recorded instances of cure of inguinal aneurism by these means." This case was sent to me by my friend, Dr. Hannah, of Ashton-in-Makerfield, and my first intention was to ligature the external iliac, this operation to my mind affording the only chance of cure. At a consultation with my colleagues of the infirmary staff, it was thought advisable to try pressure in the first instance, and if failure followed, then to ligature the vessel above the aneurism. The application of compression was not easy to accomplish, and much credit is due to the indefatigable perseverance and ingenuity of our senior house-surgeon, Dr. Jackson, and also the courage exhibited by the patient himself, which led to a sucessful result as a reward for their efforts. I am indebted to Dr. Jackson for the following notes:

George S——, aged forty years, a collier,

was admitted into the Royal Albert Edward Infirmary on August 21, 1884. He then stated that whilst following his employment seven weeks previously he had been injured in the right thigh by a run-away coal-tub. Immediately after the injury he felt a shooting pain in the region of the right groin, which lasted about fifteen minutes. There was no external wound or abrasion of the skin, but poultices were applied on account of the pain. Patient continued to work, and about two days afterwards noticed a small lump in the right groin, which had continued to enlarge. He continued to work until a week after the accident, when he was idle for three weeks, in consequence of a lock-out at the colliery; after this he worked one week, and then "strained" himself again, and was laid up. The patient has been married sixteen years, and has three healthy children; he lost one, aged fourteen months, from consumption of the bowels. There is no history of syphilis, but there is a circular scar about the middle of the dorsum of the penis, which he states was caused by a wound he received in the mine. He had gonorrhea twenty years ago. On examination, a pulsating tumor, the size of a large walnut, was found immediately below the right Poupart's ligament, at a point corresponding with the position of the femoral artery. The patient was placed on milk diet, and ten grains of iodide of potassium, three times a day, were ordered. On September 2, he went home, against the wish of the house-surgeon, without any improvement having taken place. On October 1, he was re-admitted. The tumor could now be felt pulsating above Poupart's ligament and as far down as a point two inches below it, and was one inch in width. The patient was again put on milk diet and fifteen-grain doses of iodide of potassium three times a day; and after a consultation with the staff, it was decided to apply pressure to the external iliac artery. On the 9th, the patient was placed in a small ward alone, and at 2 P. M. had three-quarters of a grain of morphia hypodermically, and the right leg enveloped in a fold of cotton wadding. Pressure was then applied to the external iliac by means of a Lister's tourniquet until the pulsation in the tumor ceased. In about half an hour the patient became very restless and complained of pain, and all circulation in the limb appeared to have ceased. He was then allowed to smoke, and, having been deprived of this (a favorite employment of his) for over a week, submitted cheerfully to the pain for another hour. At 3:30 P. M., the pain was so severe that chloroform had to be administered, and this was continued until 6:15 P. M., making in all four hours and a quarter of continuous pressure, when the tourniquet was removed. On the 10th, the pulsation in the tumor was slightly (?) diminished, the patient feeling comfortable. On the following day the patient was in much the same condition. The bowels were relieved by a dose of castor oil. On the 12th, the pulsation in the tumor was apparently as strong as ever; the leg was flexed on the thigh and the thigh on the abdomen with a roller bandage in the groin, for one hour and a half both morning and evening. Next day the leg was again flexed, as before, for two hours and a half. No result followed this procedure. On the 14th, the pulsation was as strong as at the commencement of treatment. Pressure was again applied by Lister's tourniquet, with the aid of tobacco and chloroform, for three hours and a half. Pulsation in the tumor had entirely ceased when the pressure was removed. The following day the pulsation had ceased; the limb was cold, but the patient was comfortable. On the 16th, the circulation in the limb returned. On the day following, there was no pulsation in the tumor, which was quite solid. The circulation in the limb was quite re-established through collateral channels. The patient went on well, and was discharged cured on November 3, 1883. At this time a firm tumor could be felt an inch and a half in length and an inch in width at the seat of the aneurism, but no pulsation, and the circulation in the limb perfectly good.

January 27, 1885. Patient seen and examined to-day. Tumor now feels like a thick-

ened cord about three-quarters of an inch thick; no pulsation in it. Circnlation in limb keeps good, but he is advised to nurse his leg yet awhile.

Remarks.—This case, though unfavorable for direct pressure owing to the circumstance of its position, yet by the result amply repays one for the trial made. I must here tender my thanks to Dr. Jackson for his patience and perseverance in the treatment of this case, for had he not sat by the patient and kept the tourniquet fairly in position over the artery, I am sure we should not have been able to record this successful issue.

A Caution to Experts.—In No 7 of the current volume of the Review we recited the sad case of Dr. Spitzer of Vienna. We read in the Med. and Surg. Report of a discussion in the Vienna Medical Society of the subject:

It will be remembered that Dr. Spitzer was fined and suspended for a time from practicing, for causing gangrene of a hand by the application of a solution of iodine and collodion to a swelled joint of one of the fingers. Appeal was of course made, and the decision of the first court reversed, but, in the meantime, Dr. Spitzer committed suicide. At the last meeting of the Medical Society, at Vienna, a great discussion arose on the effect of the remedy employed by Dr. Spitzer on the skin, and feeling rose very high between the members. Prof. Weinlechner first spoke. He said: "In the Spitzer case I was called by the prosecution to give my opinion as an expert on the solution of collodion and iodine employed. In accord with two of my confreres well versed in forensic medicine, I declared that the painting of thelittle finger with the liquid had provoked gangrene. The accused having appealed the Faculty of Medicine made several experiments, with the result that the incriminated liquid was declared inoffensive.

"The Court of Appeals reversed the judgment of the first court, and it is now easy for any one to see that this act constituted a reproach which concerns me in my position of surgeon. It was admitted by one of the experts (medical) that collodion applied in a ring form around a finger might cause gangrene, and I was determined to examine minutely into the effect of the solution, and having had brought to me a child with a supernumerary digit, I applied seventeen times a solution of iodine and collodion, the same strength as used by Dr. Spitzer, that is to say 1 in 100. There is not yet any appearance of gangrene, but I am certain it will not fail to set in shortly."

M. Dittel, one of the commitee which pronounced it in a contrary sense, considered that the professor had not made out his case, and that their opinion could not be altered.

M. Albert, secretary of the committee, said that he had sought in vain in books for warning against the action of collodion, and he interrogated several leading medical men, all of whom, replied that they never saw nor heard of a case of gangrene produced by it.

After some angry remarks by the professor, the discussion ended.

A pendant to this affair is reported from Bohemia. A Dr. H. was called to see a child who was suffering from dislocation of two of the carpal bones of the right hand, with external wound. The proper dressing was applied, and in two days the doctor renewed the treatment. On the following day symptoms of gangrene set in, and other medical men being called, delclared that their confrere had drawn the bandage too tightly, and that amputation was necessary. To this the parents refused to submit, and the hand dropped off in a few days. Dr. H. was prosecuted for negligence, and condemned to again undergo his examinations and pay damages to the parents. He appealed, and the Faculty of Prague having sustained him, he was acquitted.

Surgical Consideration of Tuberculosis.—The correspondent of the Medical News, writing of the Nineteenth Congress of German Surgeons, held at Berlin, April 8–11, thus reports Prof. Volkmann:

Prof. Volkmann, of Halle, opened the Con-

gress with an address on the Surgical Consideration of Tuberculosis. To Robert Koch he assigned the credit of first discovering the real cause of tuberculosis—the tubercle bacillus—and called attention to the fact that the so-called "consumption" of the lungs may attack almost any organ whatever, and that the surgeon may discover the existence of tuberculosis in the organism, apart and distinct from its presence in the lungs, and as such it is to be considered more as a surgical than as a general physical disorder, and surgeons, therefore, must consider remedial agencies, and duly observe their effect. Volkmann arranged his observations under forty-eight heads, of which the most important may here be stated.

The tuberculous character of a disease is not to be doubted when examination gives positive proof of the presence of the tubercle bacillus, and when anatomical examination confirms the characteristic structural appearance of tubercular tissue.

The diffusion of tuberculosis follows in a marked degree;

(*a.*) By means of the increase of the original infection deposit.

(*b.*) Through the entrance of tubercular virus (bacilli) from the original infection mass into the lymph canals. This common occurrence does not ordinarily conduce to the generalization of the disease, inasmuch as the lymphatics not only impede its progress but plainly, in many cases, render the disease harmless. The importance of the lymphatic glands as a protective apparatus and filter, in local infectious processes, has not been sufficiently appreciated. General tuberculosis only is evident when the gland infection becomes so far extended as to invade the ultimate lymphatics which lie between the blood current and the diseased tissue, or when the thoracic duct itself becomes the seat of infection.

(*c*) Through the introduction of the tubercular poison into the inner wall of a serous sac through the extension of a neighboring mass, or through the introduction of bacilli-containing pus, etc.

(*d*) In the same manner, through the entrance of the tubercular poison into the various cavities and canals covered with mucous membrane, in which it may become stagnant, or from which it may be removed only with great difficulty.

(*e*) Through the entrance of the poison from an adjoining collection of tubercular material into a non-thrombotic venous trunk, or into a lymph channel communicating directly with the blood current, and as a result of which acute general miliary tnberculosis results.

The discussion concerning the identity of tuberculosis and scrofulosis is not yet determined. By tuberculosis is generally meant a local manifestation of the disease, while by scrofulosis a general and constitutional vice of nutrition, a special diathesis or heredity is indicated.

Trapping Disease Germs.—Dr. W. H. Webb, in the course of an article on contagiousness of tuberculosis, published in the Journal of the American Medical Association, (Sanitary News) describes a germ trap devised by him to capture germs of contagious diseases found floating in the air of public resorts. His trap consists of a brass cylinder, containing a series of snugly-fitted steel discs, each disk perforated in such a manner that, when placed together, the openings form a cone. Between each of these discs, across their openings, thin layers of pyroxylin were placed; the discs were then introduced into the cylinder, which was light fastened. To one end of the cylinder a pump connection was attached, so that, when put in operation, it drew air through the veils of pyroxylin, which served to arrest any germs. Dr. Webb took this instrument to several places of public resort, placing it in operation at the exit of foul-air flues. These flues, with one exception, were in the ceiling directly over the audience. At this exit, Dr. Webb placed the funnel-shaped extremity of the apparatus, and kept the pump working fifteen or twenty minutes after the audience had retired. This operation was performed

a number of times at several places. The trap was then dismantled, and the veils of pyroxylin removed and placed in the hands of two skillful microscopists, who were told to look for Koch's bacillus tuberculosis. One of the investigators, having the pieces of pyroxylin back of the first veil found but one tubercle-bacillus. The other, having the first veil, prepared from it six slides for his microscope, and found the following: Slide A, one bacillus, one doubtful; B, six bacilli; C, three bacilli; D, one bacillus; E, none; F, uncertain. The slides were difficult to prepare, from the nature of the substance, but the number of bacilli found in the minute piece examined would serve to indicate the presence of vast numbers of the germs in the whole of the first layer taken from the trap.

On the Use of Buried Sutures Particularly in Plastic Operations.—The use of these, according to the Annals of Surgery, originated with the gynecologists. Kuester approves very highly of buried sutures in perineorrhaphy. After it is all sewed up, his custom is to sever the sphincters in the posterior median line. Valuable again in colporraphy and Schrœder's laparomyotomy. The method has recently been taken up by general surgeons. Kuester has observed the subsequent development of the abdominal hernia in nearly half his cases where Spencer Well's deep sutures were applied, while the new method, with courses of sutures, has yielded resistant cicatrices.

In some cases of radical operation for hernia, particularly in congenital inguinal forms, sutures in courses have been used. Kuester extends them to all forms. He has also found them valuable in ectropion of the lids, some urinary fistula, etc. The present development of surgery aims at healing a wound at one operation, so that the reparative forces of the body will suffice to complete the cure, and that in the shortest and pleasantest manner. To this end he pleads, with Neuber, for the use of buried sutures and the abolition of drains. Nevertheless he warns against the too universal application of Neuber's method without drainings.

In laparotomies, extirpation of a dermoid cyst between anus coccyx, etc., he has succeeded with buried sutures and iodoform-collodion over the wound. "This latter forms the total, simplest possible dressing." When used with discretion this gives excellent results. He acknowledges the occasional occurcence of suppuration. "For buried sutures he ordinarily uses catgut, but where the tension is considerable he puts a few silk ones along with the others."

Prof. Loretto's Case of Cure of Abdominal Aneurism by Introduction of Wire Into the Sac.—The Maryland Medical Journal writes: The remarkable case in which Prof. Loretto, of Bologna, is said to have cured an abdominal, probably an aortic, aneurism by the introduction of silvered copper wire into the sac, is attracting universal notice and highly favorable comment. Hitherto such cases, being considered unamenable to the ligature or compression, have been ususally relegated to the physician for treatment by rest, diet and medicine; but the results have never been such as to justify a belief in even the possibility of cure by these means. It cannot be claimed, however, that instrumental methods are unknown in abdominal aneurism. A reference to the literature of the subject will show that galvanopuncture has been advocated and tried with a view to producing coagulation of the contents of the sac, and in quite a number of cases with success. For instance, Ciniselli reports a case in which an aneurism of the ascending aorta was at least temporarily cured, the patient being able to resume his occupation, that of coachman, ten weeks after operation, feeling quite well. But the uncertainties and hazard of this method make it only available in cases where a dernier ressort is admissible. Even the introduction of wire into the sac is no novelty, and the writer was rather astonished after reading an editorial on the case of Prof. Loretto, in the Brit. Med. Journ., to find that

several similar cases are on record. Mr. C. H. Moore, of the Middlsex Hospital, [Med. Chir. Trans., vol. 47) first sugested the use of wire introduced into the sac with the view of detaining the fibrin and producing coagulation. He carried his idea into execution in the case of a large aneurism of the arch of the aorta, which was on the point of bursting into the pericardium aud through the skin. He introduced twenty-six yards of fine iron wire through a small canula, endeavoring to coil it up all around the sac by moving the extremity of the canula to and fro. Rapid coagulation followed, pulsation ceased, and the pulse fell from 116 to 78. But severe inflammation of the sac soon set in, pulsation and tension in the tumor returned and death ensued on the fifth day from extension of the inflammation to the pericardium. This was in 1884. A similar unsuccessful case is said to have occurred shortly after in Liverpool.

Two other cases of introduction of iron wire are given by Dr. Lewis A. Stimson, in the first American edition of Holmes' System of Surgery, vol. 2, p. 378; also of the introduction of other foreign bodies as horse-hair, needles and catgut. The results in these cases are certainly far from discouraging, and as Dr. Stimson remarks, the foreign substances do not appear to have been injurious to the patient, and in one of the cases (Mr. Heath's) a cure seems to have been effected by the agency of horse-hair. So that it does not appear that the credit of originality belongs to Loretto, whose case was in every way favorable for the method, and who, above all, had the good fortune to succeed.

Moore's case, on the other hand, was in an advanced and probably incurable stage at the time of the operation, and it has been suggested that the fatal irritation may have been due to the use of too large a quantity of wire. Prof. Loretto's experience will have the effect of again drawing attention to this operation, which certainly did not previously stand in favor with authorities on surgery. We shall probably not have to wait long before our enterprising surgeons, ever on the alert for operative novelties, will repeat it. We will venture to caution them that the operation appears to have a limited applicability only and that much judgment is requisite in the selection of suitable cases.

Electricity in Collapse.—Dr. Caspar Griswold publishes a paper on this subject in the New York Medical Journal, and arrives at the following conclusions:

1. Electricity can not be applied clinically in such a way as to stimulate the heart, literally speaking. In cases, however, where the heart is rapid, without much impairment in force, a mild current might be carefully applied over the pneumogastric in such a way as to restore the normal rhythm, and so increase the general efficiency of the heart's action. Cases are rare, however, where this would be indicated, rapidity and irregularity of the heart's action being generally associated with such feebleness as would contraindicate any stimulation of the pneumogastric.

2. The application of one pole in the neck, and the other over the precordial space, directs the current to the pneumogastric nerve, and retards the heart instead of stimulating it. A strong current applied in this way may stop the heart and kill the patient instantly.

3. An electric current applied over the phrenic nerve necessarily stimulates the pneumogastric at the same time. This measure, therefore, always threatens as much in the way of cardiac despression as it promises in the way of respiratory stimulation.

4. Liability of the heart to be stopped by pneumogastric stimulation is not increased in aconite, ether, or opium poisoning. It is, therefore, permissible to cautiously apply electricity over the phrenic nerve in these conditions.

5. In heart failure from chloroform, and when morphine has been injected into a vein, the heart may be stopped by even a slight current applied to the pneumogastric. The application of electricity over the phrenic is,

therefore, strongly contra-indicated under those conditions.

6. And, finally, it is emphasized that under no circumstances should a current strong enough to contract muscles elsewhere in the body be suddenly or incautiously applied over the phrenic or pneumogastric, or anywhere in the neck.

Our Choice of Anesthetics.—The Canadian Practitioner has the following able editorial on this momentous subject:

There has not been anything like a consensus of opinion in the past in deciding which is the best of the anesthetics now available; but the results of experience have enabled us to do away with much of the vagueness that has existed, and formulate somewhat fixed and definite rules.

Chloroform was long the general favorite. Its great advantages consist in its agreeable odor, the small quantity required, its non-inflammability, and convenience of administration. Unfortunately it sometimes destroys life, and the number of its victims during the last few years include some hundreds, a large proportion of such sad accidents having happened during its administration in comparatively trivial cases, such as opening abscesses, extracting teeth, etc.

Ether has to a large extent replaced chloroform. Although it is less agreeable, less convenient of administration, still its greater safety, which is now pretty generally conceded, has compelled the profession to forego the slighter advantages connected with the more pleasant chloroform, and use ether in the mrjority of cases.

Bichloride of methylene has been most highly reccommended by Sir Spencer Wells, who has used it in over a thousand operations. Others have supported Sir Spencer in his testimony of its safety and efficiency, but for some reason it has not, nor is it likely to, come into general use. One drawback is that it requires a special apparatus and some skill in its administration. In addition to this, the idea of its perfect safety is exploded by the fact that it has caused death.

We are inclined to accept as an established fact that ether is the best aud safest anesthetic for general use; and if we could add that it should be employed in all cases where anesthesia is required, the question of making a choice would be finally and satisfactorily settled. Unfortunately, however, this simple solution is not feasible, as it has been found that in certain aases ether is less safe than chloroform. In comparing the two we find that under ether the dangers arise from embarrassment of respiration, while under chloroform they are from syncope. In cases where there is any tendency to bronchiel catarrh, especially in the old, ether is both unpleasant and unsafe, while coloroform is well borne. Again, in cases of disease of the kidneys it has been pointed out, especially by Tait and Goodell, that ether tends to suppress the action of these organs, and consequently chloroform, or a mixture of the two, is safer. The proper administration of chloroform to young children and women in labor is remarkably safe, and by common consent it is used when considered necessary in these patients. Even in parturient women, however, it is well to remember that under certain conditions, after the system is worn out by a painful and tedious labor, and great fear exists, ether is safer for obstetric operations.

Many combinations have been used with a view to greater safety. Among these are mixtures containing alcohol, chloroform and ether, in various proportions (one of the most common being the "A. C. E." mixture); ether and chloroform, Mr. Tait strongly recommending two parts of ether to one of chloroform; turpentine and chloroform; Sandford's mixture of one pound of chloroform and two drams of nitrite of amyl. Others have employed hypodermic injections of morphine, or morphine combined with atropine (say morphine $\frac{1}{12}$-$\frac{1}{6}$ gr., and atropine $\frac{1}{120}$-$\frac{1}{60}$ gr.) before giving the chloroform.

It should be distinctly understood that in speaking of safety in the administration of any of these agents, or combinations, we used the word purely in a comparative sense, as absolute safety in the production of profound

anesthesia does not exist. There is in every case danger to life, and every minute of the continuance of the unconscious condition adds to such danger. Both principal and assistants should recognize this very important fact. The man who administers the anesthetic should have nothing else to do, and should confine his attention to his own work and not the operation. The surgeon should have everything in readiness, and in its proper place beforehand, and should refrain from everything beyond his legitimate work which will consume precious moments, whether it be imparting clinical instructions, swearing at assistants, engaging in ordinary conversation, or (as not unseldom happens) perpetrating jokes which on their merits are generally most execrable, and are always in exceedingly bad taste.

We will summarize by giving certain rules, as follows:

1. In ordinary operations give ether, or a combination of two parts of ether and one of chloroform.

2. Give chloroform where there is disease of the kidneys or a tendency to bronchitis.

3. Give chloroform to young children.

4. Give chloroform in ordinary cases of labor when required.

5. In cases ef labor where the patient has become much exhausted, and is in great fear, give ether in performing necessary obstetric operations.

6. Never give chloroform to a patient in a dentist's chair, or not in the recumbent position.

7. Do not keep a patient under an anesthetic one minute longer than is absolutely necessary.

8. Let the administrator of an anesthetic attend carefully to his own work, and nothing else.

—On a Bean in the Trachea.—Referring to curious expressions which get into medical journals, we observe that an English contemporary speaks of "Dr. Ladangi on a Bean in the Trachea." The doctor's position must have been attended with considerahle discomfort.

CONTRIBUTIONS.

INHALATIONS IN PULMONARY TUBERCULOSIS.

BY JAMES E. NEWCOMB, M. D.,

Late House Physician Roosevelt Hospital, New York.

Etiology is perhaps the most perplexing factor of disease. The history of medical science shows a continued grappling with the "doctrine of causes" and, with all our attainment at the present day, we have solved but some of the simplest problems in this department of our professional research. The development of an idea in this field always dissolves pre-existing views of a disease which may have been crystallized into undoubted facts. An analysis of our cherished beliefs and often its sequence—a demonstration of their falsity—has many a time mocked our routine plan of treatment, shown us how wide of the mark we were aiming and necessitated a complete change of our methods.

The consideration of any disease in its entirety suggests these pertinent queries: (1) What is its essence or nature with its corrollary; is there a definite isolatable disease poison? (2) Does there exist any agent capable of neutralizing this poison? (3) Are the conditions of nature such that this antagonism may become of therapeutic value without any derangement of the animal economy?

The recent discoveries by Koch and his school concerning the relations of certain organisms to that class of lung conditions embraced under the term consumption, has roused anew our flagging hope to better the prognosis of this dread malady. The views of the bacilli school are not altogether free from objection. But they are probably the accepted doctrine of the major part of the profession throughout the world. This may be only from the fact that they, better than any other, account for observed phenomena. Such credentials alone are possessed by many of our most abstruse scientific creeds. Such a view suggests, not a cast iron mould of belief but a solubility of ideas whose crystallization may be determined by new light. But Koch's theory of the bacilli is the theory of the day, and for the present, at least, the one determining our course of action.

The treatment of germ-diseases by internal constitutional medication has not proved very successful. The use of the carbolates and sulpho-carbolates in septicemic states has not been followed by the results vouchsafed

by their sponsors. In this line of thought comes the question as to whether we can so load the inspired air with germ-sterilizing agents that their passage from the tidal to the residual air will be assured; will this actual contact between germ and germ-destroyer yield its logical result and will this latter be free from organic disturbance? In other words, can we destroy the tubercle bacilli by inhalation? A discussion of, rather than an answer to, this question is the aim of this paper.

At the outset it is necessary for us to thoroughly understand the physics of respiration. The complete oxygenation of the blood requires two distinct portions of air, the tidal and residual. The former is that portion which, during the respiratory act, passes en masse in and out of the larger air tubes down, probably, to their third or fourth subdivision. (Leaming: Diseases of Heart and Lungs, p. 41 et seq.) Beyond this point and running into every nook and corner of the alveolar structure is the residual air. The interchange between these two (tidal and residual) of oxygen and carbon di-oxide gas occurs in accordance with the law of diffusion of gases. A forced inspiration may temporarily increase the tidal air. Similarly may a forced expiration diminish the amount of residual air. Normal respiration speedily restores nature's balance. These facts may seem trite, but as Leaming has clearly shown (op. cit.), they completely refute some of the cherished traditions of physical diagnosis, and hence cannot be carelessly thrust aside. Now can medicated vapors become fellow-passengers with the oxygen in its transfer to the residual air? It is obvious that wherever atmospheric air will enter, any other gas may also penetrate, provided it is not debarred by varying physical conditions, as for instance increased specific gravity. This holds true of the bronchi and air tract, provided the new agent causes neither irritation nor spasm. With liquids and their vapors new difficulties occur, but the rule still holds good, as it does also with powders, as is seen on the post-mortem table in cases of stone-cutters' phthisis and similar diseases. In inhalation treatment any plan which is not direct and speedy is practically useless. Again, are our inhalers and atomizers so constructed as to meet the requirements of the case? As Hassall justly observes: "Until we know what becomes of the medicaments we employ and how much of them reaches the seat of the disease, we are working in the dark and we shall be apt to deceive ourselves as well as others." Now the efficacy of spray is much greater than that of inhalers either nasal or oro-nasal. To put a little of any preparation of tar—for instance on a wad of oakum in a small tin box with perforated cover and so arranged as to fit over the external breathing orifices, and then expect any medicated vapor to penetrate to the alveolar lung structure, is almost a childish proceeding so far as the accomplishment of any practical good is concerned.

The use of the spray is effectual only under certain conditions rarely rigidly insisted upon: as, the erect posture, the full depression of the tongue and a deep inspiration synchronous with the blast of vapor. The latter can be surely delivered in properly constructed apparatus, but our ordinary mouth apparatus totally ignores the essentials—an increased temperature to secure complete volatilization and and an extensive surface of contact between the air and the vehicle of the therapeutic agent. But are the bacilli destroyed? If so, how are we to know? By the clinical results? Only partially, and yet these partial results may and do in many cases assure us of the beneficial results of our treatment. In many cases we notice a change in the character of the secretions. They are less foul and seem less liable to speedy putrefactive change. The lessening of irritative effects brings relief to the cough, diminished expectoration and lower temperature, and these are the indications to be met. If the examination of the sputa has always revealed bacilli and continued examination during he treatment shows a gradual diminution and finally a complete disappearauce of them, we might justly attribute this to the germ sterilizer. Nor would the force of our conclusion be invalidated if the patient (while showing a decided improvement) did not recover. Recovery under any plan of treatment depends greatly upon the stage of the disease at which the treatment is begun. Up to a certain point in any pathological process nature if able to recover herself if properly aided and if the exciting cause can be removed. Beyond that point recovery is impossible. Nature is, to use a common expression, too far gone. Hence the destruction of the bacilli and the eventual death of the patient from the disease are not under certain conditions, logical incompatibles. To speak more definitely than this does not seem, with our present knowledge, possible. The actual destruction of the bacilli must remain an open question.

—The Medical Record says that the liquor ammoniæ anisatus of the Germans should be used more largely than it is in flatulence and pyrosis, in the second stages of bronchitis or pneumonia, and in many stages of debility.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, May 3, 1885. The Vice-President, Dr. Jordan, in the Chair.

ARREST OF DEVELOPMENT.

DR. LUTZ had a case, some two weeks ago, which was interesting on account of the number of deformities which were present. The mother is 26 years of age and this is her third child, the other two being healthy and well-developed. The mother became aware of the anomalies only the next day after delivery, There was an absence of the anus, hypospadias and imperforate urethra. In the lumbar region there existed a spina bifida and the tumor seemed to be divided into two portions or lobes, the one on the left being the smaller of the two. In addition to this there was a deformity in the right hip which was apparently due to some defect in the os ilium. The child had vomited during the entire night. Dr. L. saw it the next day and the raphe was continuous from the scrotum to the coccyx. He made the usual incisions for imperforate anus and it was necessary to extend them to a depth of three-quarters of an inch to reach the bowel. The imperforate urethra was not so extensive, a superficial incision being sufficient. Nothing, of course, could be done for the other deformities. He soon had a passage from the bowels and passed his water. He died in about a week, from inanition, probably. A post-mortem examination revealed that the lower portion of the rectum was absent and that there was no sphincter.

The bifid spine did not appear lobulated after incisions. The tumor was entirely out of proportion to the opening in the spinal column, which was about as large as an ordinary goose-quill. The spinal column as far up as the dorsal vertebræ was much smaller than normal and flattened antero-posteriorly. The deformity in the right hip was due to the absence of the posterior part of the os ilium, the acetabulum, however,being perfect. Ordinarily, imperforate anus alone is not a formidable affair; but, in this case, there was such a diminished amount of vitality that it proved too much in connection with the other deformities. The child seemed to be made of two halves and the left side was apparently lower down than the right, that is, it appeared on a lower plane.

HISTORY OF GYNECOLOGY.

DR. JOHNSTON introduced his remarks by calling attention to the fact that the Alexandrian school was very thorough in its instructions and attracted students from all parts of the then civilized world. Furthermore, that the human frame had been dissected and that a number of writers and teachers famous for their learning were the originators of many instruments and operations, the credit of which has been ascribed to recent physicians. Hippocrates, Aetius, Eristratus, Galen, Paulus Egineta have all allusions to the bivalve speculum then called the binoptera. The celebrated uterine probe and sponge tents were known and employed by them as well as caustics, ointments and astringents in the treatment of uterine troubles. It seems strange that so many of these things should have been overlooked for centuries, but it is probable that the loss of the Alexandrian library accounts, in a great measure, for this. We are indebted, almost entirely, to the Roman catholic clergy for the preservation of what medical literature has come down to us. Whilst medicine and chemistry flourished among the Arabians, it was apparently lost in Europe. In the fourth century Pope Honorius IV forbade priests from practing medicine and from that time it fell again into the hands of the public. H. v. Brunhuys, of Amsterdam, recommended (1663) and it is said performed the operation for vesico-vaginal fistula. In 1780 the silk suture was employed and it proved a failure, but in 1812 Nægele, Jobart and others succeeded with it in the same operation. Livert first used the silver wire suture. In Simpson's work the operation is described precisely as Sims. Haywood, of Boston, used the silk suture and succeeded in 1836 and ten years later Metzler employed the gilded wire suture and was also successful. It is said that in 1813 Recamier, of Paris, brought the speculum into active use and Lisfranc adopted it immediately.

Moses Pallen, of this city, took the position that nearly all female diseases depended upon an irritation about the cervix. Jas. H. Bennett, of London,ascribed them to stenosis and retroflexion. In 1834 Jas. Y. Simpson gained a great reputation by his discovery of obstructive dysmenorrhea, dependent upon retroflexion or stenosis of the internal os. Every gynecologist supports his views, although opinion now is changing. This is due to the fact that it has been found that no stenosis of the internal os can exist to such a degree as to prevent the passage of a

blood corpuscle, and if this can pass, the whole menstrual flow can. If but one drop passes in each minute three ounces will be emptied in a day. Simpson proposed the sponge tent as a cure, but this being slower than slitting up the cervix, he accordingly employed the metrotome and because, in his first case, the woman conceived a year after, he made it a practice to perform the operation every time he could. The operation traveled to London and there Barnes instituted the lateral operation.

But some Americans and a few Germans conceived that all menstrual difficulties depended on stenosis, and it is to Dr. Sims that we are indebted for the operation for its relief, we are told. There are no statistics concerning the amount of success attending the operation, but time has proven that they were all wrong. Sims deserves credit for having popularized the operation for vesico-vaginal fistula and for inventing the duck-bill speculum.

Thomas and Emmet now take the position that women, in giving birth to their children, have the cervix more or less torn and that this seldom heals up. To remedy this a V shaped section must be taken out and then sewn up. They say that this may be necessarry, notwithstanding that it may have healed, on account of the cicatrix proving irritating. The speaker could not see where any benefit could be derived. Goodell operated upon 169 and 7 were benefited. Emmet lately said that he did not operate now in one case where he formerly did in ten. The operation has departed the East and has come West, and some are making a reputation through it here.

Nature makes no more mistakes in the female than in the male and it is not necessary to slit up the cervix once in a 1000. Nor is it true that a small cicatrix will produce as much reflex irritation as has been ascribed to it.

It is time now that these gentlemen should quit and learn that a few injections and slight astringents will do. Let us go right back to cleanliness and astringents and, if ulcers exist, stimulate them; but keep the knife and scissors in the pocket and abandon that horrible instrument, the curette, with which a womb is scraped out as if it were a rotten apple. If the torn surfaces in the cervix do not unite by touching with light caustics, pare them and bring them together. That is legitimate gynecology. But to cut out a cicatrix in the cervix and sew it up again benefits no one but the operator and his assistants.

AMERICAN MEDICAL ASSOCIATION.

Second Day's Session.

The second day's session of the American Medical Association convened in the large Tulane Hall at 10 a. m., Dr. H. F. Campbell, president, in the chair.

The Opening Prayer

was made by Rabbi Gutheim, who was introduced by Dr. Logan.

The nominating committee was selected by the society and retired for deliberation.

Then followed an address by

Dr. H. D. Didama,

of Syracuse, N. Y., the chairman of the section on practical medicine, etc., on the subject, "The Progress of Materia Medica and the Practice of Medicine," of which this extract is a sample of its excellence. After showing what advance this important science had recently made he closed by saying:

From the ovum to the cadaver man is constantly exposed to this conspiracy of morbific influences and agents to destroy him. There are foes without and foes within; foes which march up in front and boldly smite him in the face; foes which approach insidiously and undermine him; foes which are so attractive that he counts them as friends till he finds himself dangerously smitten under the fifth rib. The destructive influences and agents are in the air he breathes, the food he eats, the water he drinks and a hundred-fold more in the substitutes for water which he imbibes. These foes are the accidents and sudden dangers which he encounters; the misplaced switch of the railroad; the lurking miasm, the infected air, the defective drainage, the insufficient light which sap the foundations of life. They are the seductive habits and vices which sparkle and smile, and then bite like the serpent and sting like the adder. These morbific foes find access to the citadel of life through sometimes one avenue and sometimes another. This one comes in through the blood which it poisons, that one along the path of the nerves, which it throws into abnormal vibrations, and the other creeps from cell to cell, corrupting and enfeebling every fibre and tissue. Whatever the manner of entrance the result is the same; nerves and blood and cells all become at length involved in the mischief.

To counteract these ruinous influences and agents—to fight with greater or less success against the open and concealed enemies, many means of defense and attack are provided.

There is wisdom gained by observation and experience. There is the obtainable skill of the sanitarian and physician. There are certain inherent powers of resistance and recovery which, ever on the alert, are more potent protectors than that human wisdom which often sleeps; than that human skill which sometimes gropes and sometimes blunders.

We are familiar with what is called the vis medicatrix naturæ.

It is a power which is sufficient in many—perhaps most—cases of disease to effect a cure.

Sometimes it brings relief while the physician simply watches or gives inert drugs—and claims all the credit. Sometimes it corrects disorders with the well-timed aid of the doctor. Sometimes it triumphs over the combined attack of the disease and the blundering medicine-man.

This reparative power is the best friend and ally of the wise physician. It may be too weak to accomplish its purpose, and so may need timely and sufficient aid. It may over do the matter, and so need wholesome restraint. It may be irregular in its action, and so need careful guidance.

Now, while we are familiar with this reparative power, we may not be so attentive to another conservative force which is especially important: the resisting power. From the vis medicatrix this power differs essentially. One is a restorative force—a tendency to come back to the normal condition after departure from it. The other is the conservative force, which prevents departure.

A steel spring yields readily to external force, but its elasticity, after the disturbing cause is removed, enables it to resume its original condition. This is the vis medicatrix.

Granite rock is not easily affected by external violence. Its power of resistance is great. When the force brought to bear upon it is strong enough to cause it to yield it goes to pieces, having no recuperative power.

There may be great toughness combined with great resisting power. The iron-clad vessel when struck by ponderous ball or steel bolt may be perforated, but is not hopelessly shattered.

This resisting power is akin to what is called inertia in physics—the tendency of a body in motion to keep going; of a body at rest to remain quiet forever. Light bodies with little substance are easily set in motion and easily deflected from their course or arrested in it. A feather can be wafted or stopped by the lightest breath. A cannon ball, an avalanche, are turned aside by no obstacle; they move onward to their destination.

Every human being has more or less of this resisiing power. It may be feeble, and yet so united to a recuperative force that the individual possessor manages to get along fairly well.

Any trifling mishap or exposure may prostrate him, as a reed may be shaken in a moderate wind; but his elasticity, like that of the reed, brings him up promptly when the storm ceases. He has frequent ups and downs—we all know many such cases—he is delicate of constitution; he may be like an estimable old lady of my acquaintance, at the point of death at odd spells for thirty years; and yet he lives on by virtue of the vis medicatrix, of which he seems to be composed, till all his acquaintances have passed off the stage of action.

On the other hand, this resisting power may be like that of the granite. Its owner may violate all sanitary laws, may laugh to scorn all counsel about what he should eat and drink, or wherewithal he should be clothed. He may expose himself unprotected to cold and wet. He may go without sleep and food. He may tax stomach and brain and muscle to the utmost. And yet he may remain undisturbed. We know such men—men who guzzle poor whiskey every day, and live to be a hundred years old. We know men of granite constitutions, who prowl around late at night when they should be snugly in bed; who gormandize, who exercise vigorously all the vices; and yet who remain a standing refutation—as superficial observers think—of all rules for preserving good health. But when some overwhelming calamity comes they are stricken down forever; their first illness is their final one; they crumble to atoms.

In every community are those whose resisting power is so feeble from inheritance or so thoroughly impaired by excesses that they are but walking dead men—apples of Sodom perhaps—fair to look upon, but ashes or putrefaction at the core. They yield to influences which are trivial in their nature, and go into the hands of the undertaker before their neighbors had even heard of their illness.

There are children of old or debauched or scrofulous parents whose resisting power is so nearly nil that their aspirations to stand with the angels receive early gratification, in spite of all that love and skill can do to keep them away from their heavenly home. We name the messenger who summons them cholera infantum, or tuberculous brain dis-

ease, or white swelling; and, as parents, while we wonder at the mystery, we bow submissively to Him who gives and then takes again so soon. But as physicians we are not surprised that diseased and mushroom cells should hasten to early destruction.

No man liveth for himself alone. The good constitution, the strong resisting power of the temperate and upright man is not only a sure personal defense against diseases and a guarantee of longevity; it is transmitted to his offspring down to many generations. The dissolute man, broken down with diseases acquired while sowing his wild oats, suffers not alone. If he did we might view the transaction with mitigated sorrow. He had his coarse enjoyment and he can afford to reap corruption. But the evil that he does lives after him in the blighted and wretched lives of his innocent children and his children's children.

A priceless inheritance is a strong resisting constitution combined with a vigorous recuperative power. He who has it and preserves it, and fortifies it, living a clean and active life, eschewing bodily and mental excesses, and clinging to the divine promises, may bid defiance to disease in its multifarious forms. He need not be afraid for the pestilence that walketh in the darkness, nor for the destruction that wasteth at noonday. Free from fear—the greatest depressant—he shall walk unscathed through all perils. A thousand may fall at his side and ten thousand at his right hand, but disaster shall not come nigh him. And even when the onslaught of disease cannot be wholly warded off, the wounds inflicted shall have speedy healing. Dr. R. S. Sutton, of Pittsburg, Penn., chairman of the committee of the section of "Obstetrics and Diseases of Women," read an exhaustive and historic review of the growth of this department of medicine since McDowell's operation, done at Danville, Ky., in 1809. His theme, so ably handled, was Ovariotomy and its offshoots, which comprises the entire field of Abdominal Surgery. He also traced the advance of this department of medicine in its progress throughout the civilized world to the present year; during which he stated that every conceivable thing has been done with the pedicle. He stated that it had been tied entire, tied in sections, been twisted off; burnt off; crushed off; cut square off; cut off in flaps; left inside, left outside, and been made to slough off. The extra-peritoneal method of treating the pedicle is gone.

The question is now resolved into the merits of the ligature cut short, the Dr. Nathan Smith method, or the clamp cautery, as introduced by Mr. I. Baker Brown, of London. The operation of Dr. McDowell, in so far as it relates to the treatment of the pedicle, is, therefore, triumphantly where he placed it, despite the ingenuity of the surgical world.

After carefully noting the varied experiments tried by prominent surgeons in ovariotomy he said the best statistics yet obtained in the United States belong to Dr. Battey, of Georgia, and Dr. John Homans, of Boston, Mass., both of whom operate under the carbolic spray and in apartments kept especially for abdominal operations.

His exquisite peroration was as follows:

"The year has wrapped up in its eternal folds one whose name is synonymous with the surgery of women; one whose reputation is immortal; who, in America, at least, stood next to McDowell; beloved by his own countrymen; honored by the surgical world. No eulogy of mine can increase his fame. I speak of the great, the good, the pure, the noble, the generous Marion Sims. Like McDowell, he possessed a genius for organization, and will share with him the admiration and plaudits of future generations."

Loud and prolonged applause followed, indicative of the hearty appreciation of the compliment paid to the memory of the deceased Dr. M. Sims.

Dr. W. C. Van Bibber of Maryland read a portion of his address containing suggestions in regard to the constructions of a health city in Florida, but owing to the arrival of the hour for the consideration of a special subject fixed for 12 M., it was specially referred to the committee of the section on State medicine.

The consideration of the report of the committee on the International Congress was now resumed, and a very excited discussion took place, participated in by Drs. Shoemaker, Billings, Daniels, Keller, Gabriel, Quinby, Cole, King, Saunders, Roberts, Smart and others. The report of said committee was referred back for further action in accordance with the following resolution, offered by Dr. Keller:

Resolved, That a commitee be appointed composed of representatives from each State and Territory, also from the medical departments of the United States Army and Navy and Marine Hospitals; that these members should be added to the original committee of seven, with power to review, alter and amend the presented report of the original committee as they may deem best; the delegates of the respective States in attendance at this session of the American Medical Society to re-elect

the new members of this committee, and the presiding officer to appoint all the other members.

This resolution was adopted by a large majority.

THIRD DAY'S SESSION.

The American Medical Association reassembled at 10 o'clock, in Tulane Hall, President Campbell in the Chair.

Rev. H. H. Waters, of St. Paul's Episcopal Church, invoked the Divine blessing.

After the transaction of some routine business Dr. N. S. Davis, of Illinois, Chairman of the Standing Committee on Meteorological Conditions and Their Relations to the Prevalence of Diseases, read an interesting report, stating the proceedings of the committee during the year, and describing the character of information collected. The report says "that the steadily accumulating material will enable the committee by the end of the year to submit a report embodying facts and deductions of great value."

The committee was authorized to continue its labors, and the report ordered published.

Dr. Davis also reported from the Committee on Collective Investigation of Disease in co-operation with the Committee of the British Medical Association.

The report stated that these special investigations into disease were going on in nearly all the European countries, India, the United States and South America.

The Committee recommended that they be authorized to continue their correspondence with the Committee of the British Association and the Committee of the International Congress, and that the detailed work be carried on by committees appointed by State societies co-operating with the Central Committee and General State Committees. The Central Committee would act as the medium of communication between the local and foreign committees. The recommendation was adopted.

Dr. Davis also reported for a Special Committee on Explanatory Declarations concerning the proper Interpretation of the Code of Ethics, appointed at the meeting of May, 1884.

The Committee submitted the following preamble and resolutions:

Whereas, persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some even in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore,

1. Resolved, That clause first of Art. IV, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

N. S. DAVIS, of Chicago,
A. Y. P. GARNETT, of Washington,
H. J. CAMPBELL, of Augusta,
AUSTIN FLINT, of New York,
J. B. MURDOCH, of Pittsburg.

The resolutions were unanimously adopted and added to the Code of Ethics.

Dr. Duncan Eve, of Tennessee, Chairman of the Section on Surgery and Anatomy, delivered an address in which he reviewed the advances made by surgery, and described briefly the novel operations which had been made possible by increased knowledge and skill.

Dr. E. W. Schaufler, of Missouri, being ill, his address on State Medicine was referred to the Committee on Publication.

The Treasurer, Dr. Dunglison, through Dr. Atkinson, Secretary, reported:

Balance on hand, $932 11; total receipts for fiscal year, $17,093 26; increase over last year, $3,200.

This increase is attributed largely to the new feature of membership by application, which has added 135 names to the list.

Dr. Toner reported for the Committee on Publication the expenses, etc., of the Journal of Medicine, published at Chicago, Dr. N. S. Davis, editor. The Journal is free from debt, has a weekly circulation of over 4,000 and the best prospects for the future. The committee urged that Dr. Davis should be continued as editor.

At the conclusion of the report Dr. Davis was called forward by the applause of the meeting, and made a few remarks referring to his stewardship. He explained the difficulties under which he had labored in conducting the Journal. He gave some very wholesome advice in regard to the course to be pursued. He urged the association to have patience with the Journal, not to expect it to rival immediately the Journal of the British Association. If prudently managed and carried on within the limits of the revenue at hand, it would in the course of ten years become an enterprise not only supporting itself, but affording a fund for the prosecution of original scientific investigations.

Dr. Reed, of Ohio, offered a resolution which was adopted, providing for offering first and second honor prizes for the best and second best essays on original researches in each section. Adopted.

Dr. Samuel Logan, chairman of the Committee on Arrangements, stated that Dr. Thomas Layton, Vice President of the Board of Administrators of the Charity Hospital, extended an invitation to all members of the association to visit that institution at any time.

The report of the committee recommending the erection of a monument to Dr. Benj. Rush, of Philadelphia, in Washington, was read. The report was ordered published, and the attached resolution adopted, providing for the appointment of a standing committee on the Rush Monument, which is to be built by means of a fund made up of subscriptions of $1 each from the physicians of the United States, and such additional donations as may be made.

The Committee on Nominations reported the following officers for election:

President.—Dr. Wm. Brodie, of Michigan.

First Vice President.—Dr. Samuel Logan, of Louisiana.

Second Vice President.—Dr. A. Y. P. Garnett, of District of Columbia.

Third Vice President.—Dr. Charles Alexander, of Wisconsin.

Fourth Vice President.—Dr. W. F. Peck, of Iowa.

Secretary.—Dr. W. B. Atkinson, of Philadelphia.

Treasurer.—Dr. R. J. Dunglison, of Philadelphia.

Librarian.—C. H. A. Kleinschmidt of Washington, D. C.

Section on Practice of Medicine, Materia Medica and Physiology—Chairman, J. T. Whitaker, Ohio; Secretary, B. L. Coleman, Kentucky.

Section on Obstetrics and Diseases of Women—Chairman, S. C. Gordon, Maine; Secretary, —— Paine, Texas.

Section on Surgery and Anatomy—Chairman, N. Senn, Wisconsin; Secretary, H. H. Mudd, Missouri.

Section on State Medicine—Chairman, J. H. Rauch, Illinois; Secretary, F. E. Daniels, Texas.

Section on Ophthalmology, Otology and Laryngology—Chairman, Eugene Smith, Michigan; Secretary, —— Fulton, Minnesota.

Section on Diseases of Children—Chairman, W. D. Haggard, Tennessee; Secretary, W. B. Lawrence, Arkansas.

Section on Oral and Dental Surgery—Chairman, J. H. Marshall, Illinois; Secretary, A. E. Baldwin, Illinois.

Committee on State Medicine.

R. D. Webb, Alabama; J. A. Debrell, Jr., Arkansas, F. W. Hatch, California; C. H. Dennison, Colorado; T. Antisel, District Columbia; L. B. Bust, Delaware; A. S. Baldwin, Florida; G. P. Logan, Georgia; D. T. Nelson, Illinois; E. S. Elder, Indiana; D. S. Fairchild, Iowa; H. G. Hanawalt, Kansas; L. B. Todd, Kentucky; S. E. Chaille, Louisiana; F. H. Gerrish, Maine; L. H. Warner, Massachusetts; W. C. Van Biber, Maryland; H. B. Baker, Michigan; D. W. Hand, Minnesota; B. F. Kitterell, Mississippi; Willis King, Missouri; A. P. Richardson, New Hampshire; L. W. Oakley, New Jersey; E. M. Moore, New York; Thomas F. Wood, North Carolina; S. F. White, Nebraska; W. M. Beach, Ohio; J. D. Thomas, Pennsylvania; A. Bellou, Rhode Island; Manning Simons, South Carolina; J. B. W. Nowlin, Tennessee; Geo. Cupples, Texas; H. D. Holton, Vermont; Charles Frissell, West Virginia; J. T. Reeve, Wisconsin; J. R. Smith, United States Army; George Peck, United States Navy; Walter Wyman, United States Marine Hospital Sur-

geon; J. J. McAhran, Wyoming; W. E. Duncan, Dakota.

COMMITTEE ON NECROLOGY.

J. M. Toner, District of Columbia, Chairman. C. H. Franklin, Alabama; D. A. Linthicum, Arkansas; C. H. Denison, Colorado; —— Lancaster, Florida; J. T. Hibbard, Indiana; Wm. Watson, Iowa; Chas. Oterman, Kansas; D. S. Reynolds, Kentucky; E. S. Lewis, Louisiana; T. A. Foster, Maine; H. O. Marcy, Massachusetts; W. Brinton, Maryland; W. F. Breaky, Michigan; G. F. French, Minnesota; B. F. Ward, Mississippi; J. M. Scott, Missouri; E. W. Jones, New Hampshire; Stephen Wickes, New Jersey; J. Lewis Smith, New York; Thos. F. Wood, North Carolina; F. G. Fuller, Nebraska; Q. Chapman, Ohio; J. M. Hays, Pennsylvania; W. E. Anthony, Rhode Island; Thos. Legare, South Carolina; J. L. Sim, Tennessee; Jos. Sears, Texas; C. F. Chandler, Vermont; L. B. Edwards, Virginia; — Howells, West Virginia; J. K. Bartlett, Wisconsin; W. R. Forward, United States Army; H. W. Austin, U. S. M. H. S.; N. L. Bates, United States Navy; J. J. McAhran, Wyoming; W. E. Duncan, Dacotah.

JUDICIAL COUNCIL.

R. A. Kinlock, South Carolina; D. D. Saunders, Tennessee; T. G. Richardson, Louisiana; G. A. Ketchum, Alabama; G. Baird, West Virginia; J. M. Toner, District Columbia; A. M. Pollock, Philadelphia.

St. Louis was recommended as the place of meeting and the time for the assembling of the next annual session, first Tuesday in May, 1886.

After some discussion on the subject of the place of meeting the report was adopted subject to the correction of errors.

The meeting adjourned to 10 o'clock Friday, when the session will close.

WORK OF SECTIONS.

The various sections met during the afternoon to consider the papers referred them.

SECTION ON PRACTICE OF MEDICINE, MATERIA MEDICA AND PHYSIOLOGY.— Dr. H. D. Didama, Syracuse, New York, Chairman.

Dr. G. M. Garland, Boston, Mass., Secretary.

1. "Cholera and its Treatment." By J, H. Hollister, Chicago, Ill.

Discussion will be opened by Austin Flint, M. D.

2. "Hemorrhagic Malarial Fever." By Jerome Cochrane, M. D., Montgomery, Ala.

3. "Differentiation by Means of the Pitch of Pulmonary Signs, Obtained by Ausculation and Percussion." By Austin Flint, M. D., New York.

4. "The Germ Theory." By Harold D. Ernst, M. D., Boston, Mass.

5. "Blood and How to Make It; Fat and How to Reduce It." By Benjamin Lee, M. D., Philadelphia Pa.

6. "Resorcin, Its Therapeutic Use." By A. F. Pattee, M. D., Boston, Mass.

7. "Similarity of Electrical and Nerve Force." By J. J. Caldwell, M. D., Baltimore, Md.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.—Dr. R. S. Sutton, Pittsburg Penn., Chairman.

Dr. J. T. Jelks, Little Rock, Ark., Secretary.

1. "Treatment of the Pedicle." By Thaddeus Reamy, M. D., Cincinnati, O.

2. "Emmet's Operation, When Shall it and When Shall it Not be Performed." By Gustav Zink, M. D., Cincinnati, O.

3. "Notes on Surgical Gynecology." By Horace Bigelow, M. D., Washington D. C.

4. "The Uterine Stem in Flexions of the Uterus." By Geo. B. O. Fundenberg, M. D., Pittsburg, Penn.

5. "Reasons for and Results of Some Cases of Tait's Operation." B. S. C. Gordon, M. D., Portland, Maine.

6. "A Report of a Cæsarian Operation." By E. W. Jenks, M. D., Detroit, Mich.

SECTION ON SURGERY AND ANATOMY.—Dr. Duncan Eve, Nashville, Tenn., Chairman.

Dr. C. B. King, Alleghany, Pa., Secretary.

"Colo-Proctitis Treated with Hot Water Douche, and Stretching Division of Sphincter Ani" by A. Y. P. Garnett, M. D., Washington, D. C.

FOURTH DAY.

The fourth day's and closing session of the thirty-sixth annual convention of the American Medical Association was held at Tulane Hall at 10 A. M. Friday.

Vice President J. S. Lynch presided until Dr. Campbell, the president, arrived.

Rev. Sylvanus Landrum, D. D., made the opening prayer, which was one of his best efforts.

By resolution it was provided that the "Additional International Committee" should appoint its own chairman and secretary.

The following members comprise this committee: D. A. Linthicum, Arkansas; G. A. Ketchum, Alabama; S. P. Bush, Delaware; R. Battey, Georgia; F. W. Beard, Maryland; D. W. Stormont, Kansas; J. W. Dupree, Louisiana; A. H. Wilson, Massachusetts; A. R. Smart, Michigan; J. W. Taylor, Mississippi; W. Pierson, New Jersey; J. W. Parsons, New Hampshire; J. L. Shoemaker, North Carolina; R. A. Kinloch, South Caro-

lina; J. W. McLaughlin, Texas: W. C. Dabney, Virginia; N. Senn, Wisconsin; C. Dennison, Colorado; A. Y. P. Garnett, District Columbia; E. P. Cook, Illinois; W. Watson, Iowa; W. H. Wathen, Kentucky; S. C. Gordon, Maine; J. S. Lynch, Maryland; E. French, Minnesota; N. F. Essex, Missouri; E. Elliot, New York; R. C. Moore, Nebraska; X. C. Scott, Ohio; W. C. Arthur, Rhode Island; W. S. Sim, Tennessee; C. S. Allen, Vermont; G. Baird, West Virginia; Surgeon Murray, United States Army; Surgeon Gunnell, United States Navy; J. R. Hamilton, United States Marine Hospital.

This committee met in the lower Tulane Hall and proceeded to organize.

The Committee on Nominations presented their concluding report, as follows:

Mr. President—Your nominating committee beg leave to respectfully report the selection of the following officers in addition to those presented in our report yesterday.

Trustees of the Journal of the American Medical Association—E. M. Moon, M. D., New York; J. H. Hollister, M. D., Illinois, and J. M. Toner, M. D., District of Columbia.

Committee of Arrangements—Chairman, LeGrand Atwood, M. D., St. Louis; W. C. Glasgow, M. D., St. Louis, Secretary.

The Judicial Council are to fill the vacancy caused by the resignation of Dr. Wm. Brodie, by the appointment of Dr. J. K. Bartlett, of Wisconsin.

The report was duly adopted.

A report was adopted as presented by the Council of State Medicine, which was as follows:

Resolved, That steps be taken to establish in each State a Board of Examination in Medical Science, whose certificates shall be the only authority to practice in those States.

A bill to this effect will be referred to the societies in each State.

Dr. Kinloch offered the following resolution:

Resolved, That in the near future, if not now, cremation will become a sanitary need in the cities.

This matter was referred to a Special Committee, to report at the next meeting.

Dr. J. A. White, of Virginia, Chairman of the Section on Opthalmology, Otology and Laryngology, delivered an important and valuable treatise on this special department of medicine, in which he congratulated the profession on the introduction of cocaine as an anesthetic.

Dr. J. H. Pope, of Texas, Chairman of the Section of the Diseases of Children, stated that he would not attempt to read his paper, but as there was much to engage the attention of the Association during its closing hours, he would simply give an outline of the address.

By vote the entire paper of Dr. Pope was referred to the appropriate committee for publication.

Resolved, That a new section of medicine entitled "Medical Jurisprudence" be established by the Association.

Dr. Toner, the Chairman of the Committee on Necrology, reported that since the establishment of the Journal all the deaths had been duly reported in its pages, and that hence he had no necrological information to communicate.

The secretaries of each section were requested to present their minutes of proceedings to Dr. N. S. Davis, editor of the Journal.

Dr. Morris H. Henry, of New York, was appointed as a delegate to the British Medical Association.

Ex-President Toner and ex-President Richardson were appointed a committee to conduct the president-elect, Dr. William Brodie, of Michigan, to the chair, who, now amid rounds of applause, was introduced to the association. He said that he would not at this time make an extended address, but thanked the association for the compliment paid him by his election.

Dr. Campbell retired with grace and dignity from his arduous duty as president.

St. Louis, Mo., was chosen as the next place of meeting.

Dr. Davis made the closing remarks, in which he paid a high compliment to the citizens of New Orleans for their reception and entertainment of the members of the American Medical Society. He then moved that this body do now adjourn, which was unanimously consented to.

MEDICAL EDUCATION.

At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16-17, 1885, the following preamble and resolutions were unanimously adopted:

Concerning Medical Education.

Whereas, Many medical colleges do publicly announce that an entrance examination of candidates for admission to their lecture

courses will be exacted, and do honestly and impartially enforce such examination; while, on the other hand, a number of schools either avoid making such an announcement, or evade the practical enforcement of any requirement of general education preliminary to the study of medicine; and

WHEREAS, These conflicting practices result in lowering the standard of medical education by attracting to a certain class of schools students who are poorly prepared for the study of medicine: Therefore, be it

Resolved, That, in order to secure the recognition of its diplomas as in good standing for the purposes of the Medical-Practice Act in this State, it is necessary that each college state in its Annual Announcement that the conditions of admission to its classes are:

1. Credible certificates of good moral character.

2. Diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

Resolved, That the Secretary of the Board be, and hereby is, instructed to furnish a copy of the foregoing preamble and resolutions to the Dean or Secretary of every medical college, and to the editors of medical journals in the United States.

Resolved, That since the publication of the names of matriculates is desirable for purposes of information, the Secretary be authorized to request of all colleges desirous of being accounted in good standing in this state, that they publish in their successive announcements complete lists of the matriculates, as well as of the graduates, of each immediately preceding session.

CORRESPONDENCE.

SALICYLATE OF SODIUM IN THE TREATMENT OF MIGRAINE.

JACKSONVILLE, ILL., May 5, 1885.

Editor Review: I notice in the REVIEW of April 25, that Cutierrez (Paris Méd.) recommends salicylate of sodium in the treatment of migraine. I have for four or five years been using the salicylate in this disease in larger doses, however, say gr. xv to grs. xx, repeated in two hours, if necessary, with very gratifying results. Indeed it has proven more efficacious than any remedy I have ever used. I have now a number of patients who depend wholly upon it for relief from this distressing affliction. Some of them have been using it for four years or more, and when their supply is exhausted a messenger comes with a note: "Doctor, send me some more of those head-ache powders, I feel another spell coming on, and there is nothing else will relieve me." Respectfully, J. A. DOUGHERTY, M. D.

BOOK REVIEWS.

STUDENTS' MANUAL OF ELECTRO-THERAPEUTICS, Embodying Lectures Delivered in the Course on Therapeutics at the Women's Medical College of the New York Infirmary. By R. J. Amidon, A. M., M. D. Published by G. P. Putnam's Sons.

The aim of the writer of this little book of 90 pages is, as he himself expresses it: First, to present that amount of the subject of electrophysics necessary to the proper understanding of the construction and use of medical batteries. Second, to point out the commoner gross physiological effects of electricity. Third, to outline the methods of electro-diagnosis. Fourth, to determine the kind of electricity and its mode of application indicated in different pathological states. We congratulate the author in having accomplished the object which he set before him.

ON THE WASTING DISEASES OF INFANTS AND CHILDREN. By Eustace Smith, M. D., London. Fourth Edition; April number of Wood's Library of Standard Authors.

The name of Eustace Smith is a guarantee of the value of this book and as this is the fourth edition it is evident that it has been appreciated.

Various additions and changes have been made. In the preface referring to the chapter on the diets of infants the author makes the pertinent remark that, "hand-fed infants, in particular, are often as sensitive as older persons to monotony of diet and frequent changes in their food tend greatly to sharpen appetite and encourage the powers of digestion."

—A Remedy for Corns.—Tavignot ("Courier méd."; "Dtsch. Med.-Ztg.") commends the daily application of phosphorreted oil (1 part to 300) as a radical cure for corns.

ITEMS.

—The New York Medical Journal has as a feature a column of therapeutical notes taken from the foreign journals. The following are noted in the last issue.

CITRATE OF IRON IN THE TREATMENT OF CHOLERA.—Ciaramelli ("Riforma medica"; "Dtsch. Med.-Ztg.") recommends subcutaneous injections of a ten- or twelve- percent solution of citrate of iron in the algid stage of cholera. About three minims should be injected at a time, and the process should be repeated twice or three times a day until the temperature rises above the normal (to 102 degrees F.); as soon as it becomes subnormal the injections should be resumed. He reports thirty-five cases treated, by this method in twenty-eight of which it was successful. The caution is added that it may be necessary to dilute the solution of iron in order to avoid abscesses at the points of injection.

—Chrysophanic Acid in the Treatment of Psoriasis.—Besnier ("Morgagni;" "Dtsch. Med.-Ztg.") proposes the following modification of Auspitz's treatment of psoriasis: After the scales have been removed by washing with black soap, the affected parts are penciled with a solution of three drams of chrysophanic acid in three ounces of chloroform. When the coating has evaporated, a second application is made with a mixture containing three drams of gutta-percha and three ounces of chloroform. Two applications a week are generally required.

—Injections of Turpentine in the Treatment of Malignant Tumors.—Professor Vingt ("Revista de las Ciencias Médicas"; "Dtsch. Med.-Ztg.") has employed deep injections of a mixture consisting of one part of turpentine and two parts of alcohol, the needle being introduced in the tumor as far as possible. A local inflammatory process results, which is followed, the writer states, by a partial or complete disappearance of the growth.

—Andira Inermis.—Midy ("Nouveaux rémedes") speaks highly of the decoction of this plant as an anthelmintic. On account of its smart narcotic effects, it should be administered at first in small doses, which can be gradually increased. The occurrence of nausea is a proof that the maximum dose has been attained. The writer directs that an ounce of the bark be boiled in a quart of water until the dedoction assumes a wine color. Two ounces of the liqnid should be given to an adult, and two teaspoonfuls to an infant. The active principle is a glucoside, andirin.

—Pills for Spermatorrhea.—De Sinéty (L'Union méd.") proposes the following pill:

Extract of belladonna, } Powdered belladonna-root, }	each 3 grs.
Confection of rose, - - -	q. s.

Divide into ten pills. One to three pills should be taken before going to bed.

The following pill is also efficacious, according to the same writer:

Camphor, - - - - -	1 grain.
Lupulin, - - - - -	2 grains.

This treatment is specially adapted to seminal emissions resulting from spasm of the seminal vesicles; if, however, the spermatorrhea is due to atony of the parts, the author prefers to give this mixture:

Powdered ergot, - - -	6 grains;
Powdered nux vomica, - -	1 grain.

Divide into three pills. One to be taken morning and evening, before eating. Cold douches and applications of camphor liniment to the small of the back are to be employed at the same time.

—An Application for Chilblains.—Vigier ("Lyon méd.") recommends the following:

Tannin, - - - - -	8 grains;
Glycerin (30 per cent.) - -	5 drams;
Rose-water, - - - -	3 ounces.

—The Treatment of Conjunctivitis.—Abadie ("Prog. mèd") recommends the following lotion for simple conjunctivitis:

Boric acid, - - - -	5 drams;
Distilled water, - - -	20 ounces.

To be used five or six times daily.

—American Surgical Association.—The annual meeting of this society was held at Washington, D. C., from the 21st to the 24th of April, and among the papers read are the following: The Field and Limitation of the Operative Surgery of the Human Brain, by Dr. John B. Roberts, of Philadelphia; Nephrectomy—its Indications and Contra-indications, by Dr. S. W. Gross, of Philadelphia; The Etiology of Tetanus, by Dr. P. S. Conner, of Cincinnati; Some Points in the Surgery of the Hypertrophied Prostrate, by Dr. J. W. S. Gouley, of New York; Phosphorus Necrosis—its Causes, Treatment and Prevention, with Reports of Cases, by Dr. J. E. Mears, of Philadelphia; A Case of Cholecystotomy, by Dr. C. T. Parkes, of Chicago; The Immediate Cure of Fistula in Ano, by Dr. Stephen Smith, of New York; The Healing of Arteries in Man and Animals after Ligature, by Dr. J. Collins Warren, of Boston; Nephro-Lithotomy, by Dr. L. McL. Tiffany, of Baltimore; and An Experimental and Clinical Study of Air Embolism, by Dr. N. Senn, of Milwaukee.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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RECENT FRACTURE OF THE PATELLA TREATED BY SUTURE OF THE FRAGMENTS.—In conjunction with notes we have previously given on the wire suture of transverse fracture of the patella we offer the following taken from the British Medical Journal, April 25, 1885. The subject is of the greatest importance when we consider the wretched results almost uniformly obtained by all other methods. It will be remembered that the advice given heretofore has been to allow a certain time, several weeks, to elapse before performing the operation. This certainly must be the safer plan, but the subjoined shows that there need be no delay.

"A man, aged 58, having been admitted into the Liege Hospital, for a transverse fracture of the patella with considerable displacement of the fragments and abundant effusion into the joint, Professor von Winiwarter decided to perform the operation on the day following the accident. A longitudinal incision was made into the joint, and it was then seen that the space between the fragments was occupied by hard adherent clots, which had to be carefully removed. The joint was washed out with a 2½ per cent solution of carbolic acid, and the fragments united by two wire sutures. A drainage-tube having been passed through small openings on both sides of the patella, the wound was dressed antiseptically, and the limb placed in a plaster-of-Paris splint. No accident followed the operation, and on the seventeenth day the patient was able to walk about with crutches. The wound had healed by first intention, and the wire sutures had become encysted. Professor von Winiwarter thinks that in young people fracture of the patella with moderate displacement of the fragments are to be treated by the ordinary means, but that, under less favorable circumstances, there is great advantage in uniting the fragments by wire sutures."

DRY WOUND DRESSING.—In a paper contributed by George R. Fowler, surgeon to St. Mary's General Hospital, Brooklyn, to the New York Medical Journal, we note the following interesting matter. A safe method that will permit us to eschew the troublesome and annoying handling of solutions of the antiseptics and simplify the surgeon's work must commend itself.

"In directing attention to this method, which a recent writer (Annals of Surgery, Vol II, No. 1, p. 72.) has proposed to call the "exsiccation dressing," I would briefly call the attention of the reader to some of the principles underlying this, the attempt to imitate nature's well-known modus operandi of healing by scabbing, or "healing under the scab," as it is more commonly called. It is now very generally admitted that the so-called open treatment of wounds is not necessarily incompatible with antiseptic treatment, although, to be sure, it leaves many avenues for the entrance of septic material and matters of an irritating nature floating in the air, to gain a foothold in the wound and perhaps work harm to the patient. But the mere fact that concentrated organic fluids form unfavorable soil for the nourishment and development of low organisms sufficiently explains the comparative measure of success attained by the late Professor James R. Wood in the wards of Bellevue Hospital some years ago, and Mr. Callender, of St. Bartholomew's Hospital, in cases where the wound surfaces were allowed to desiccate as rapidly as possible. In the case of the latter surgeon's open treatment, however, a solution of carbolic acid in

glycerine was applied occasionally, thus adding, apparently, a real antiseptic agent to the treatment. It is doubtful, however, whether the influence of the glycerine alone might have assured as full a measure of success as the carbolic acid in the proportions employed. Again may be instanced, as mentioned by Professor Paul Bruns (Archiv. für klinische Chirurgie, XXXI, 3) the difference in the behavior of dry gangrene as compared to the moist variety. In the case of the former, the mummified parts may remain unchanged indefinitely. That perfect desiccation is the best safeguard against putrefaction is quite well-known, and advantage is taken of it on our Western prairies by hunters, who preserve buffalo-meat by the process known as "jerking"—i. e., drying rapidly in the open air.

In the first efforts made to imitate nature's process of healing under the scab, attempts were made to produce the same effect by hermetically sealing wounds by collodion and cotton, as well as by other adhesive substances. The method, however, was found to be far from successful, inasmuch as no provision was made for the draining away of the wound secretions, these latter, in their turn, being in a great measure due to the previous entrance into the wound of irritating substances from the surrounding atmosphere. As a result of this failure to drain away the wound secretions, inflammation took place, and it became necessary to remove the artificial scab to give exit to the pent-up pus. Even in Lister's first attempts to form a scab by means of carbolic acid, retention of the secretions could not be entirely avoided.

In the employment of the exsiccation method it is desirable to make use of a dressing through which the atmospheric air can readily pass, and which, at the same time, shall possess absorbent properties sufficient to permit of the removal of the wound secretions from the surface. It should likewise be capable of being impregnated with corrosive-sublimate solution, the latter becoming, in the method of dressing under consideration, the preferable antiseptic agent. It will be at once seen that volatile substances, such as carbolic acid, soon become practically useless unless confined, to some extent, to the wound and its surroundings by an impermeable covering. This latter would defeat the object in view, namely, rapid desiccation of the discharges. The moss dressing of Hagedorn, the peat dressing of Neuber, the wood-wool of Bruns, and wood-flour, as well as finely sifted sawdust—all of these serve the purpose more or less perfectly in fulfilling the requirements mentioned. With the exception of the moss dressing, to which I have tried in vain to adapt some of our native mosses, these substances are not so pervious to air as to admit of rapid drying, although absorbent to a high degree and capable of being sterilized by mercuric-bichloride solution, and rendered antiseptic by the addition of naphthalin, iodoform, etc. In making some experiments with the view of discovering a substitute for the beautiful cushions of soft moss which I had seen used in the surgical clinics in Germany, I was led to make trial of the manilla tissue-paper known as toilet-paper, or water-closet paper. I had a quantity of this cut into strips of about one-sixteenth of an inch in width. This was done for me by a stationer with the common trimming or cutting machines used in that trade. A trial of this substance convinced me that it was incomparably the best material for facilitating the rapid drying of the wound secretions, although not so highly absorbent as some of the others. It was found, however, notwithstanding the fact that the wood-flour, wood-wool, etc., were superior in point of absorbent properties, yet the permeability of the paper, when lightly applied, and the rapid drying of the secretions therein, gave it advantages over the other substances. Its absorbent powers are sufficiently good for all practical purposes; it takes up blood and serum readily, and these dry rapidly in its loose meshes.

The method employed in preparing it for use is to soak it in a 1 to 1,000 solution of sublimate. In making this solution, chloride of sodium is added in the proportion of five

grains for each grain of the sublimate employed, in order to prevent the decomposition of the latter and the formation of calomel in its stead. After becoming thoroughly saturated in this solution, it is passed through the rubber rollers of a common clothes-wringer and shaken out loosely to dry.

Although not yet prepared to discard the use of some antiseptic in the dressings, yet I am constrained to believe that this latter is of far less importance than a strict attention to every detail of aseptic treatment in the case of the wound itself. Far less danger is to be apprehended from a dressing which is not necessarily antiseptic than from a wound left with an indifferently cleansed and sterilized surface, even though it be covered by layer upon layer of the most elaborately prepared antiseptic materials, and in the most approved Listerian fashion. Therefore, when assured to a reasonable certainty of the aseptic condition of the wound and its surroundings, at the time of closing it and applying the first dressings, I should have no hesitancy in trusting to the paper-wool alone; and this particularly if the atmospheric and other conditions were such as to insure rapid drying of whatever secretions passed into the dressings.

In using it, after strict attention to every detail calculated to insure the most perfect asepsis, both in the wound and its surroundings, it is my habit to first place a piece of gauze rung out of a 1 to 1,000 sublimate solution over the parts, and over this a loose mass of paper, in size proportionate to the extent of the wound, going well beyond the limits of the latter. This is held in position by a gauze bandage. Or, cushions may be prepared beforehand by making bags of the material known as mosquito-bar or netting, and filling them with the paper-wool. Although I have always, in using the sublimate, taken pains to leave parts wet with the solution, and even to moisten the first piece coming in contact with the skin by means of the same, I have seen none of the troublesome eczema which, according to report, other surgeons have observed. This is probably due to the rapid drying of the wound district accomplished by this manner of dressing.

Mr. C. am Ende, the well-known purveyor of wound-dressing materials, of Hoboken, N. J., has made arrangements to supply this paper-wool in any quantity, sublimated or plain."

Compressed Air Bath.—From a lecture by C. Theodore Williams, Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, reported in the British Medical Journal, we learn many things in regard to this means of treament of disease, not generally appreciated. After detailing the effects of the bath upon blood-pressure, pulse rate, respiration, chest circumference and spirometry in the healthy individual, Dr. Williams says:

Our principles of action in treatment of disease by compressed air must be derived from its effects on the healthy organism; and we must bear in mind that its influence is by no means neutral, but productive of very decided results, beneficial or harmful as it is suitable or the reverse.

Now the action of compressed air on the human body is, mainly, two-fold; mechanical and physiological—mechanical, as shown first in its influence on the circulation. We have seen that it has an intropulsive agency, driving the blood from the surface of the skin and aerial mucous membranes into the deeper tissues, such as the muscles, bones, and internal organs, especially those wholly or partially protected from air-pressure by bony cavities, like the brain, the spinal cord, the heart, the liver, the spleen, and kidneys, the uterus and ovaries. Now, it is obvious that its use is contraindicated in congestions, or hemorrhages, or inflammations of any of these organs; and we have seen by the accidents occurring in the pneumatic tubes, and among divers, that very severe lesions of the brain and spinal cord follow excessive pressures, especially when quickly produced.

On the other hand, this intropulsion of blood may do good, by causing fullness and increased action of certain organs, such as the kidneys, the liver, the ovaries, the salivary and other glands, and by drawing

away or deriving blood from the lungs and air-passages, when these latter are congested. Where there is fever, which means congestion of internal organs, this influence will aggravate it. Remembering the reduction of the number of pulse-beats, and the prolongation of the cardiac diastole, we may conclude that compressed air will benefit cases where congestion of the right side of the heart and of the liver is the chief feature.

Compressed air exercises a mechanical influence on the lung-tissue. Besides reducing the amount of blood in the bronchial passages and alveolar walls, it distends both the bronchi and the alveoli, especially those portions of the lung which, from not being penetrated in ordinary respirations, become partially blocked with secretions, and impenetrable to air at the ordinary pressures. This is proved by the appearance of the respiratory murmur, after compressed air-baths, in portions of the chest from which it has been absent for long periods; also by the diminution of dullness and the freer expansion of the chest-wall, and by an increased pulmonary capacity.

Physiologically, the introduction of more oxygen into the blood, thus supplying it with a richer combustion-element, may lead to more rapid tissue-changes, and is another reason against the use of compressed air in inflammatory affections; though it is, at the same time, a strong argument for its employment in all those affections where there is imperfect aeration of the blood, such as emphysema and chronic bronchitis. From these considerations we may expect benefits to accrue in old exudations of the pleura and lung, as in chronic pleurisy, chronic pleuro-pneumonia, and chronic pneumonia, where both the mechanical and the physiological influence of compressed air may be brought into play with great advantage. There is another effect which I do not pretend to understand, which, nevertheless, has been noted in many of my cases, that is, a sedative influence on the nervous system, and especially on the nerves of the mucous membrane of the air-passages; compressed air subdues cough and bronchial spasm. From the mechanical effects, we should expect it to be beneficial in all catarrhal affections of the air-passages, such as laryngeal and bronchial catarrh and asthma, and it is in these affections that it proves most successful. As these are generally closely complicated with pulmonary vesicular emphysema, it will be convenient to consider the influence of compressed air on this disease, and then on the numerous conditions with which it is associated.

Emphysema.—We know that, in the tense or large-lunged variety of this affection, the thorax is distended to the utmost, the diaphragm is pushed down, the heart and liver displaced downwards, the thoracic dullness of the latter generally entirely disappearing, and the impulse of the former being detected in the epigastrium. The breathing is shallow and the dyspnea great; percussion and ausculation teach us that the chest contains air, but that, owing to its being more or less stagnant, the blood does not get that perfect aeration which it requires, and consequently we see a dusky complexion, blue extremities, and sometimes a livid countenance. A course of compressed air-baths effects a wonderful change; after them the patient states he can breathe more freely, and can ascend steps and hills with greater ease. His cough and expectoration are decidedly reduced. The respirations are slower and deeper, the pulse is slower and firmer. Physical examination shows the thoracic distension to be diminished. The line of hepatic dullness, long absent, reappears, and rises to the normal level. Cardiac dullness is again detected, and the impulse is felt no longer in the epigastrium, but in the normal position between the fifth and sixth ribs. The excessive resonance gives place to something approaching the ordinary note, and, although prolonged expiration and wheezing sounds are heard, there is no longer the weird stillness formerly existing over large tracts of lung, for breath-sounds are audible in all directions, some healthy and some morbid.

Cyrtometric measurement show that the

girth of the chest at various levels has diminished as much as from half an inch to two inches. Nevertheless, the vital capacity, as ascertained by the spirometer, is increased, and it would appear that most of these changes are more or less permanent.

Simonoff considers that the great improvement in emphysema is arrived at partly by raising the general standard of health and nutrition, and partly by preventing catarrh. He does not believe in opening up and developing healthy lung-tissue. It is not likely that actual development does take place, but some important changes must occur to account for the above phenomena; and when we consider this result of the compressed air-bath, we can hardly regard vesicular emphysema as an invariably progressive disease, which is its usual description. The great improvement may be due partly to the presence of the condensed air on the bronchial vessels and muscle, whereby congestion and catarrh are reduced, and the muscular spasms allayed; but most of it must be owing to the healthy tissue being freed from obstructions,and rendered more available for respiratory purposes,and to the recovery of their normal dimensions by a large number of pulmonary alveoli, hitherto emphysematous; otherwise, how could we account for the diminished girth, the return of organs to their normal position, and the increased spirometric measurement."

Sponge-Grafts and Martin's Bandage in Varicose Ulcers.—A correspondent of the British Medical Journal reports:

"The most common cause of ulcers of the leg is undoubtedly the presence of one or more varicose veins. Very often the affected leg or legs may appear at first sight entirely free from them, but a minute inspection will generally reveal a small varicose vein, leaving the ulcer at its upper edge. The scars left by varicose ulcers are generally pigmented, and might be called copper-colored.

With regard to the treatment of these ulcers; the system is nearly always low, tonics are, therefore, indicated.

The local treatment with Martin's bandage and sponge-grafts, which I shall describe presently, I have found very successful. Several of my patients had already tried rubber-bandages and given them up, but all of these are now wearing them, although their ulcers are cured. The medical man ought himself to bandage the leg evenly and not too tightly from the root of the toes upwards, nearly covering the heel, to just below the knee, several times, so as to thoroughly instruct the patient how to do it. When the patient can do this properly, the bandage should be applied before getting off the bed in the morning, and should not be taken off until after going to bed at night. The bandage ought to be washed with cold water every two or three days. With respect to sponge-grafts, I prepare mine in the following manner. Using a fine piece of new sponge, which I always keep in a bottle of weak solution of carbolic acid, I cut off a piece from the outside with a pair of sharp scissors, so as to make a smooth surface. I then pinch up the sponge in a pair of dressing-forceps, so as to leave the pinched-up smooth surface a little above the edge of the forceps; this I cut off with a sharp razor, and so get a very thin section of the sponge. When dry, a number of these sections may be conveniently carried in an envelope in a pocket-book. The way to apply one is to damp it first, and then to cut it to the shape of the ulcer, but a little smaller. It should be laid smoothly on the ulcer, a piece of soft rag placed over it, and the bandage evenly put on over all. The sponge will adhere in a very short time by the growth of granulations between its interstices. Should it not be painful or offensive, it may be left on until it falls off with the scab, or is absorbed. Sometimes, however, in a few days it is painful from the confinement of discharge. It should be taken off, a warm linseed poultice applied to clean the wound, and a fresh piece of sponge applied as before. The wound will, however, be found to be smaller after each application until it is healed. I was at first afraid to apply the sponge to ulcers which appeared irritable. I found, however, that the sponge suited them

equally well; and I should not hesitate to apply the sections to any ulcer.

In the treatment of these varicose ulcers, and indeed of varicose veins in general, experience has taught me that the patient should always sleep with his heels higher than his head. This may be effected by putting blocks of wood under the legs of the bedstead at the foot. It is of no use whatever to put pillows, etc., under the foot of the mattress."

The Radical Cure of Hydrocele.—The Medical News refers to the above subject and to a new method of operation as follows: "After Volkmann's operation for hydrocele, which consists in freely opening the sac, and stitching its edges to the scrotal tissues, the fluid reaccumulates in about 1.54 per cent of all cases, from the failure of the apposed surfaces of the vaginal tunic to unite. With a view to obviate this untoward result, Julliard resects the vaginal tunic, saving, however, enough to cover the testicle and cord, and sews the edges together with catgut sutures. Of his 54 cases, there was recurrence in 1, or 1.85 per cent., so that his operation has not proved to be an improvement upon that of Volkmann on the score of infrequency of the failure of the procedure.

The latest operation that has been recorded is that of Von Bergmann, an account of which is published by his assistant, Dr. Bramann, in the Berliner Klinische Wochenschrift, No. 14, 1885. The hydrocele having been freely laid open, the parietal layer of the vaginal tunic is excised, the epididymis and testicle remaining covered by that membrane. The bleeding having been arrested, and the cavity irrigated with a three per cent carbolic solution, the edges of the wound are approximated except at the most dependent part, at which point a drainage tube is inserted. The parts are then covered with sublimate gauze and cotton, and gentle compression exerted upon them by means of a carbolic bandage.

In the twenty cases in which the operation was practiced, all pursued an aseptic and an almost afebrile course. In none was there suppuration or phlegmon of the scrotum, nor was epididymitis or orchitis met with, accidents which have not infrequently been observed after Volkmann's procedure. In from ten to twelve days the healing process had sufficiently progressed to enable the patients to resume their occupations, but in the majority of the cases there was a slight painless thickening in the region of the testicle, which disappeared in a short time.

So far as a conclusion may be drawn from the very limited test to which the operation of Von Bergmann has been subjected, it may be pronounced to be free from danger to life and the inconvenience of relapse; but whether this conclusion will be borne out by a more extended experience is very questionable. Thus, of 305 cases of Volkmann's operation which we have collated—and it is a simpler one than Von Bergmann's—4 died, and there was recurrence in 4, while, as we have seen, there was 1 recurrence out of 54 cases of partial excision of the vaginal tunic in the practice of Julliard. Our own opinion is that not a single one of these procedures should be resorted to in ordinary cases, but that they should be reserved for those cases in which the sac is much thickened, and for examples of recurrence after the injection of carbolic acid, which we regard as being the most promising, safest, and simplest of all the modern measures that have been suggested for the radical cure of hydrocele."

Duration of Contagiousness after Acute Infectious Diseases.—On this uncertain and debatable subject the New York Medical Journal (Peoria Medical Monthly) contains:

"The only attempt within my knowledge to formulate experience in respect of the duration of infectiousness, is that of Dr. Miller, of Dundee, whose tabulation is as follows:

Small-pox, 14 days after termination of scabbing; typhus, 28 days from inception; scarlet fever, seven weeks from inception; diphtheria, 6 weeks from inception; whooping-cough, 8 weeks from inception; measles, 6 weeks from inception.

Small-pox.—As to small-pox, there is practically unanimity in regarding the danger as existing until all crusts are removed; but a few incline to prolong even further the period of isolation.

Typhus Fever.—In relation to typhus, there is less accord. One deems fomites the most important factor in the dissemination of the malady, while the rest lay stress on personal contagion. One regards it as "not contagious after a short interval;" a second advises segregation until repeated baths have followed the complete disappearance of the cutaneous exanthem; a third, somewhat indefinitely, would permit return to school "after complete recovery and disinfection."

Typhoid Fever.—Those who believe in the direct personal contagiousness of enteric fever are few in number, and I fancy that nearly all of us will agree that the intestinal discharges are all with which preventive medicine has concern. Whether these retain their infectious properties during the whole process of the malady is a question still in uncertainty, and rendered more obscure by the apparent demonstration that the disorder may, under certain undetermined circumstances, be generated de novo from ordinary sources of filth-poisoning. At all events, isolation of the person seems unnecessary as soon as convalescence is complete.

The same consideration will apply, I believe, to cholera, with the further remark that, if Koch's recent observations are correct, the germs of this disease appear to be shorter-lived than any other known species, being destroyed not only by desiccation, but by the "scavenger-bacteria," which conquer them in the struggle for existence in the products of common decomposition.

Diphtheria.—Diphtheria affords a wider debatable ground. To begin with, there are many (among whom my own experience forces me to class myself) who assign the first place in the pathogeny of diphtheria to the filth-poisoning, and doubt its exceeding contagiousness. Of a number of persons exposed to the same pathogenic conditions, it is not surprising that several should succumb; but this is not convincing evidence of transmission from one to the other, and I have seen repeated instances where, despite intimate contact, the disease failed to extend after its introduction into places in proper sanitary condition. One of my correspondents, who has long had charge of a large hospital for children, believes this malady to be "feebly, if at alll contagious," and finds it quite safe to remit quarantine "after the disappearance of membranes;" a practical sanitarian, of national reputation, excluding fomites and filth in air or water, does not believe in personal contagion; a distinguished teacher in one of our metropolitan colleges doubts "its communicability, except by contact;" another, equally eminent, declares that contagiousness endures until the last trace of inflammation or infiltration secondary to the diphtheric process has disappeared; a fourth would protract the duration of quarantine for a month, or at least three weeks, after all symptoms have abated, and would forbid return to school while any redness of the fauces or any coryza lingers. The discrepancy of opinions in this respect among the leaders of professional thought suffices to show the need of more definite data to guide our deliberations.

Whooping-couph.—In pertussis,all opinions agree, save one, that contagiousness ends when the cough loses its spasmodic character, the single doubtful view being that, as the danger is wholly from the breath of the patient, it cannot be determined how long the cough may convey infection. It should be remembered, however, that a few writers have expressed doubts of the contagiousness of pertussis in any stage.

Measles—With regard to measles, I find equal diversity of views. One regards its contagium as very volatile, not long adhering to person or clothing, and permits the return of the patient to school in two weeks after convalescence; a second would defer liberation from quarantine until a week, at least, after desquamation; a third releases the patient when desquamation has ceased, or in cases where no desquamation occurs,

after twenty-one days; a fourth fixes eighteen days; a fifth believes the danger past when the febrile stage and eruption are gone. The majority measure the time of isolation by the process of epidermal exfoliation.

Scarlatina.—In scarlatina, also, we have opposing opinions, ranging from that which considers it a pathogenic disease, slightly, if at all, contagious from the person, to that which holds the infection to be communicable by the pulmonary exhalations, the blood, the naso-pharyngeal secretions, even the urine, as well as by the epithelial scales. One of my correspondents thinks the infection remains so long attached to the person, that quarantine should endure for eight weeks; another cites an example of transmission after six weeks of isolation followed by a change of clothing; the rest concur in releasing the patient after desquamation has ceased and the surface been thoroughly cleansed. Most of us, I dare say, have adopted this "rule of thumb."

Recovery from Fracture of the Skull.—The Medical and Surgical Reporter contains the following:

Recovery from fracture of the skull, when the question of the accuracy of the diagnosis is not open to question, is sufficiently unusual to warrant all possible publicity for such cases. Therefore, we note that in the London Med. Times, April 11, 1885, Mr. T. G. Parrott reports the case of a young man aged twenty-two, who, while at work decorating a ceiling, fell a distance of about nine feet, striking his head on the boarded floor. He was conscious for a short time after the accident, and was brought in a carriage as soon as possible to the hospital. His state on admission was as follows: He was carried in, insensible and pallid, with cold extremities, blood pouring out profusely from the right ear, of a bright red color, and projected with a well-marked pulsation. He moved his arms and legs, and evinced pain on pressure over the right parietal region. After he had been put to bed, he vomited up a large quantity of food and bile, mixed with a little blood. The pupils were dilated, but sensible to light; the eyes closed, but he opened them once or twice afterwards; some twitching of the nose. When spoken to in a loud voice, he seemed to hear, and answered with a groan. Pulse, 56; temperature, normal. He passed water later. The ear was plugged, and a pad and bandage applied, but these were soon saturated with blood, and had to be changed several times. An ice-bag was applied to the head, and hot-water bottles to the feet. In the evening a turpentine enema was given, and a mustard-plaster was applied to the epigastrium.

The accident occurred November 11, 1884. On December 3, 1884, a fluctuating swelling behind the right ear was opened, and a large amount of pus escaped; slight discharge of blood from ear afterwards. Drainage-tube placed in wound. Six grains of quinine given every day.

On January 16, 1885, he was discharged, comparatively well, complaining only of some deafness of right ear.

There seems little doubt but that this was a case of fracture of the middle fossa of the base of the skull, extending from side to side. The symptoms leading to this conclusion were the profuse hemorrhage from the ear, followed by equally profuse suppuration, the paralysis of the third nerve on the right side, and the prolonged convalescence. The good result seems due to the fact that the patient was young, steady, and of good constitution.

Posterior Tarsotomy in Clubfoot of Long Duration.—At the meeting of the French Surgical Congress, held at Paris, April 6, 1885, Gazette Hebdomadaire de Médicine et de Chirurgie, Medical News, M. Gross, of Nancy, read a paper on Tarsotomy in Clubfoot of Long Duration. Various operations are preferred by different surgeons to remedy this deformity. Poinsot and Beauregard prefer cuneiform incision. Lucas-Championnière practices ablation of the astragalus. Ollier advises a mixed operation—excision of the cuboid, of the astragalus, and of the anterior part of the calcaneus. In order to make in-

telligent choice between the methods proposed, the pathological anatomy of the parts affected must be considered, and a study of the osseous lesions in varus demonstrates that ablation of the astragalus may be an efficient means of correcting the deformity. Sometimes ablation must be supplemented by incision of the plantar ligament. M. Gross exhibited plaster moulds showing the condition of the foot after the operation, and demonstrated that although some internal curvature still existed, the equinism was corrected, and while the axis of the foot was inclined toward the inner border, the firmness of the tibio-tarsal articulation is perfect and still retained a certain degree of mobility. Nevertheless, ablation of the astragalus does not suffice in every case, and in varus equinus, after such operation, there always remains a deformity which can only be remedied by excision of a portion of the calcaneus and cuboid. In other cases, excision of the external malleolus will serve to correct the abduction; also section of the tendo Achillis. Excision of the astragalus is, however, the preferable operation.

M. Gross held, in conclusion:

1. That posterior tarsotomy is to be preferred as an operation for varus.

2. That with antiseptic precautions the operation is not dangerous.

3. That the solidity of the foot is assured.

4. That the tibio-tarsal articulation remains mobile, and that the movements of the foot depend chiefly on the condition of the muscles.

5. That return of the deformity is not to be feared.

CONTRIBUTIONS.

AFFECTIONS OF THE SPINAL CORD.

BY ROBERT F. BROOKS, M. D., CARTHAGE, MO.

Read at the Annual Meeting of the South West Missouri Medical Society, Springfield, Mo.

The proportion of the spinal cord to the encephalon (Gray 574) is one to 33; its length in adult 16-17 inches; its weight about an ounce and a half.

As to the white matter of the cord (Althaus p. 12) the anterior columns contain of it 18 per cent; the lateral columns 46.60 per cent and the posterior columns contain 35.40 per cent.

The (Gowers 5) cord ends opposite the first lumbar vertebra. The vertebral spines do not in all cases correspond to their vertebræ, but it is well to have a diagram showing the average relations of the spines to the bodies of the vertebræ and of both to the origin of the spinal nerves. If disease or injury of the bones produces secondary disease of the cord we must know what spinal nerves are affected.

In Holmes' Surgery (11 p. 357, Injuries of Back by A. Shaw) it is thought that the curtailing of the length of the cord in the adult is owing to the necessity of preserving the soft cord from the destructive joltings, twistings and sudden bendings at the lumbar region. In fetal life the cord is continued as far as the sacrum (p. 360); it is further said that in falls on nates the direction in which the spine is thrown is generally downwards and forwards; hence the structures on the fore part—the bodies of the vertebræ and intravertebral substances—suffer compression; those on the back undergo elongation and overstretching.

In one mine I have seen three men whose spines have been overbent forwards. In one case there was horrible pain on movement with temporary retention of urine with recovery; in one case, quite a young man, paraplegia with retention. The paraplegia was quite recovered from—never the bladder. He happened to die of pneumonia. The last, a man rather intemperate, of about sixty years of age, became paraplegic at once with palsy of bladder. He is still living, having suffered for years, the lower limbs now only skin and bones.

In scrofulous children we often meet with disease of the vertebræ and secondary inflammation of the spinal cord or its coverings. We are all familiar with the plaster-jacket of Sayre. We know of the weakness, palsy and humped backs of those unfortunate little ones.

But who would think that a healthy looking adult who had received no blow or jar or twist would come down with a caries of the vertebræ? Agnew 11, p. 870, says this disease occurs with equal frequency in both sexes—that no time of life from the intrauterine to old age is exempt from the ravages of the disease; that it affects the country man equally with the city man, though from two and a half to ten years of age there are

the greatest number of cases. Signs, (Gowers 67-68): Severe local pain, local tenderness, slow loss of power or rapid from inflammation, irregularity of spine or actual curvature.

The inception of disease in spinal end or cerebrum may be very obscure.

All of us without doubt have had cases similar to the ones I relate and have been troubled with the same doubts and anxieties. P. 67, 68, etc. Gowers in his Diagnosis of Diseases of the Spinal Cord warns us to make repeated and careful examinations in obscure diseases of the spinal cord. He says no error is more frequently made—that damage to the cord may occur before there are signs of bone disease, hence the importance of repeated examinations.

I, for one, feel the truth of the above teaching. I had a patient, a man of forty, hitherto healthy, with no unusual taint, a farmer, temperate and industrious, married, with grown children, who in August, 1880, noticed a weakness of his legs on going up stairs. He doctored but grew worse until December 12, 1880, when I first examined him.He could then walk with difficulty with a cane in each hand. He had fever, pulse 102, rhythmical tremor of left arm—palsy of motion in left leg, right one very weak. Terrible cramp of legs at night; no pain or prominence of spines, or vertebræ, while I examined with care by looking at and pushing on. In ten weeks more both lower limbs were palsied as high as gluteal muscles, but sensation was perfect. Still night cramps. The rhythmical tremor now extended to right arm, knee jerk in both legs. In ten months more loss of feeling as high as hips and over sacral region, yet can feel a heavy touch; even now can draw legs up in bed while lying on back. Fairly nourished.

Now there were pressure symptoms from disease of the vertebræ, not very little, but I could not unravel them. I let go the case; I abandoned it as hopeless. I thought he had a progressive incurable palsy! That the cord was the primary seat! But after all the case was one of Potts' disease of the upper dorsal vertebræ. A quack solicited the case. Declared that he could cure it! Used a horrible electro-magnetic machine on his legs, and gave him all sorts of nasty stuff.

In about three years the vertebræ stiffened, with protrusion of the spine. The muscles could move—the feelings returned! He now goes around everywhere. He came to see me; wondered why his back was so stiff. I ran my finger along it and beheld a plain hump! I did not say anything, though. I only chewed the bitter end of mortification and humiliation. My rashness and conceit had drained his purse; had brought disgrace and ignominy on our noble profession; had pointed the finger of scorn at the regular doctors.

Dr. Lane, of Smithfield, kindly sent me a man for examination and diagnosis, whose symptoms I shall relate. "Wm. Lathrop, American; thirty-five years old, farmer and teamster, a Union soldier for four years. While in the army he received a wound from sabre or bayonet between the shoulders to the left of the spinal column. For several years past he has occasionally consulted me for pain in and above left shoulder, for which I prescribed liniments. Some time in June, 1884, he came to me saying that he had what he very aptly called "boring pains," through the whole left side, particularly in hip and shoulder, which were worse at night; also said that his left leg and foot felt heavy and numb. I paid no very particular attention to him, but, supposing the pains to be rheumatic prescribed for him in a routine way. He did not improve. I then gave him mercury and anti-malarial medicine, quinine and strychnia. This seemed to make him much worse. Now for the first time I gave his case careful attention. Found that he had imperfect control of bowels and bladder, puffy swelling of feet, almost complete loss of motion in left leg, a jerky, unsteady gait; eratic pains; left side worse in every respect than the right. I enjoined complete rest. Iodide of potash, friction over spine daily. Sedatives as opium and belladonna at night for the pains. He still did not improve and sent him to you, strong suspecting locomotor ataxy."

My report to Dr. Lane August 28, 1884, was: "Lathrop—tongue coated; fair appetite; good sleep. Bladder sluggish; cannot control sphincter ani as he could when well; numbness of left hip and leg, paralysis of motion of left thigh and leg almost entire. Knee reflex is perfect; cramps in calf, thigh, back and belly on attempts at standing erect; slight cremaster reflexes, more on left. Striking over back causes reflex spasm of muscles of back. Muscles of both thighs and legs respond to Faradic (interrupted slowly) current; contraction of left side slightly exaggerated. It takes thirty elements of battery, interrupted current, to produce slight movements of thighs and legs; cannot elicit pain by pounding spinous processes of vertebræ. Lump between the shoulders is off the spinal column. Is it paraplegia, Potts' disease or sclerosis of the cord"? Dr. Lane now continued his report: "Following your suggestions I ordered complete rest in bed, daily

baths followed by rubbing; exclusive milk diet and gradually increasing doses of corrosive sublimate. He improved for two or three weeks—regained control of sphincters, feet were less swollen—pains decreased—allowed him to get up. He walked with great difficulty with a crutch and cane; had that flapping of left foot and jerky unsteady gait which we see in tabes dorsalis, but could walk or stand with eyes shut. He now became worse than ever and went to Illinois. I have since heard from him and he is no better. Is it paraplegia or locomotor ataxy? I think we can exclude syphilis from the case. His attempts at standing erect resulting in cramps of muscles of calf and thigh, back and belly is an exaggeration of the reflexes which maintain extension of the legs to stand erect. There is balanced contraction, largely reflex in health. The impulses are derived from the muscles and perhaps from the joints (Gowers, p. 51.) These spasmodic phenomena indicate integrity of the reflex loops and functional over-activity of the reflex centres. There is disease above this in lateral column; degenerated fibres extend downward to grey matter and are no longer able to control muscle reflexes.

The perfect knee reflexes indicate no spinal cord disease from second lumbar to fourth lumbar. The cremasteric however reflexes skin disease from first lumbar to third. The abdominal from seventh dorsal to first lumbar. The numbness of left hip indicate damage in upper part of lumbar enlargement. (Gowers 61.) This corresponds to sluggish bladder and to weak sphincter ani. No volition is interrupted to certain extent above lumbar enlargement. He says he feels that wind will pass at times. (He stinks frequently during examination, but he cannot stop it.) The cremasteric reflex being greater on left side indicates disease and corresponds with exaggerated muscle reflexes of left calf, thigh, back and belly. As to electricity: Tried the slow interruption of a DuBois Reymond induction coil nursed by two Law cells. The mucles of both lower extremities respond, but the palsied leg exaggerates the well leg in action.

As to Galvanic battery: It takes thlrty Daniel cells with mechanical interruptions to produce slight movements in muscles of both lower limbs, but do not notice any difference in contractions in the two legs. The influence from these reactions is that the spinal cord giving origin to these nerves is not seriously affected, but that the disease is higher in the cord or even in the cerebrum. (De Watteville p. 122–123, 2d ed.) As to the exaggeration of the Faradic response De Watteville (p. 124) says it is supposed to depend in many cases upon an irritation or exalted reflex activity of the anterior cornua of the cord. We know this is a corroboration of the excessive mystatic contractions obtained in reflexes which are related (Gowers 30) to degeneration, in the lateral columns of the cord (pyramidal tracts.)

Sensation in this case is lost on same side as motion. This is unusual. Why did he have boring pains in left side and hip and shoulder? At same time his foot and leg were heavy and numb, early in history of case.

The disease must have involved (Crossed S. p. 11) granulated fibres causing paralysis of motion and involved adjacent sensory tract.

Gowers p. 50 says, acute lesions of the anterior cornua may do this and so cause excentric pains often rheumatic in character. Must the disease not have been seated above the lumbar enlargement to explain this peculiar associated palsy of sensation? In other words, was not this a case of hemiparaplegia, with descending unilateral sclerosis, local myelitis of part of cord. Could it have been seated above the medulla? The disease progressed in spite of treatment. Is this a case of Potts' disease with secondary myelitis?

Contrast this case with one of an infant, a male of twelve months of age. At six months he was palsied in right hip and lower limb. Since that he has not moved the limb. But he can feel as well on that side as the other. In fact I found one great drawback to electrical treatment was the pain that thirty Daniels cells gave when interrupted current was used. I treated this child during summer and fall of 1883 (May to Nov. 22d) and began again April 14, 1884, and continued until November, when it got too cold to bring it out. A Faradic battery was used at home to stimulate the cold limb with rubbing and warmth (external). The muscles of thigh and hip responded to Galvanism, better than leg and foot. A Faradic current had no effect. It took twenty-two cells to move foot muscles, but an interrupted current of twenty-six cells would soon cease to elicit a contraction. So I used thirty cells with a pole change and was able by salting the negative electrode to get fair contraction. I applied a large positive electrode over right upper sacral region. I for a long time applied the constant current over spine from seventh cervical to sacral region. Although as time passed the foot and leg responded less and less to Galvanism, yet thigh and hip

grew in strength. Electricity cannot restore parts already dead nor can it recreate. The localized inflammation in the anterior cornua of cord destroyed fibres of volition together with a portion of grey matter, thus spoiling the prospect of entire cure. Here wasting of muscles was to be expected.

The child was affected just as the man,onlv in opposite legs and having no less sensation. In the child the inflammation was more focal and not progressive.

The diagnosis of infantile paralysis is not difficult; paralysis of the adult of similar character I think far more difficult.

Last summer a middle-aged single man came to me with fever which was continued. He had no headache, but was sluggish in thought. He had no eruption; no sore throat, no disease of eyes; saw nothing that pointed to syphilis. I did not think of syphilis,nor did he tell me that he had it a long time ago nor did he tell me that he had a bad urethral stricture.He was seized with a paralysis of extensors of left knee. I treated him for his fever, and as he had no other palsy I commenced to move the palsied muscles with electricity. This caused a good deal of pain. The muscles affected were wasting and did not respond to mild electric currents. My patient became more sleepy and was notional about taking his medicine, refusing or neglecting it. In about twenty days he fell down with right hemiplegia, total palsy of right face and right side. As he did not lose consciousness, had a stricture only admitting a No. 2 catheter, rough deposits on spine of right tibia, I diagnosed cerebral syphilis and commenced to use mercurial inunctions with iodide potassium.

In reading afterwards I found that palsy of a group of muscles was often found in syphilis; and that those cases without secondary open symptoms were apt to prove the worst cases of cerebral syphilis.

There was no doubt of a gumma of coverings or an arterial change in cord in this case situated above second the lumbar vertebra. The spot affected must have been very small.

The brain soon became so much affected that I no longer cared for the trifling cord affection.

I saw a little boy over one year old, of robust appearance, in absence of his doctor. There was no fever, a slow pulse with right hemiplegia; the right leg was passive but the arm somewhat rigid. The pulse and respiration intermitted and once in a while he gave a sharp cry. I thought it a case of infantile paralysis, but in two days he could move his arm and leg. He had red spots come and go on his forehead, face and neck. He had spells of inability to swallow. The next day the decubitus was towards right side, pupils dilated, neck stiff and lower jaw closed tightly, pulse 140. In two more days he died. We changed the diagnosis from infantile paralysis to tubercular meningitis, which commenced insidiously at base of brain!

Althaus (Sclerosis of Cord, p.5) says poison acts n a peculiar way in different portions of the cord. Ergot contaminating bread causes well-marked disease of the posterior columns.

Bread mixed with a sort of pea is eaten in India, Algeria and Italy and produces disease of the lateral columns of the cord. Althaus (6th page Sclerosis) also asserts that lead absorbed for some time causes gradual disintegration of the large ganglionic cells of the grey anterior cornua which leads to a peculiar form of muscular atrophy.

Flint (Clin. Med. p. 585) considers the question unsettled as to whether lead-palsy is peripheral or central. Flint's treatment is iodide of potash and electricity.

I treated a young married woman from January 15 until August, 1883, for wrist drop, weakness of fingers,debility of legs,so that she could not go up or down stairs, great pains in quadriceps, extension of legs,aching of ankles and feet, insomnia and anorexia.

The palsy of the forearms was preceded by dreadful fits, followed by agonizing pain in forearms. The right arm was the stronger. She had to be washed, arms and feet, but could walk a little piece and sat up without tiring. To show that it was not hysterical paralysis, there was electro-sensibility, but no Faradic contractility. Galvanic currents had to be made very much stronger to move extensors than flexors of fingers, while there was wasting of affected muscle which is not the case in hysterical palsy.

Besides treating the case on general principles, I used galvanism to brain, to spine, to neck, over region of ovarian pain and Faradism to lower extremities.

I also used an interrupted current on the arms for almost every day for four months. I used the cathode as distal electrode, moving it here and there so as to get as extensive movements as I could. At the end of every electric seance she said she could move her fingers a little better. In May she could braid her own hair. In spite, however, of tonics, exercise, proper diet, iodide of potassium and electricity the backs of the forearms did not regain their fullness nor did the muscles of the hands fill up again. It therefore seems that Althaus is correct when he says

the spinal cord in lead palsy is affected, and cannot send its nourishing influence to the affected muscles. Was the agonizing pain in the muscles of forearms and extensors of lower extremities caused by a necrobiosis of nervous and muscular tissue? Were the convulsions hysterical or epileptiform and caused by the lead poison? Althaus (p. 5) explains the localized action of lead-poison and other poisons by saying: "The cord consists like the brain of a number of different areas or systems, each of which, although it may be histologically identical with the others, yet follows a special type of evolution in the fetus, has different connections with more peripheral and more central parts, may possibly be chemically quite distinct from its surroundings and lastly preserves peculiar pathological predispositions or proclivities which are not shown by contiguous parts, however closely connected with them in anatomical position, and however similar in histological elements."

I have a case of locomotor ataxy of somewhat irregular form. The man is now forty-two years old and has been seriously affected for over three years, i. e., he came to me in March, 1882, for what seemed to me rheumatic pains over left throax and hypochondrium. He was a soldier in the Union Army and then had some kind of a venereal sore. He has been married fifteen years, but is childless. He may have syphilis, but I could never make it out clearly. No treatment has done any good unless electrical,which seems to palliate the pains. The pain over left chest and left lumbar region has been intermittent daily, but has remained a daily torture. He claims not to have committed venereal excesses. He has a curious history of illicit love followed by financial ruin occurring a year or two before he was palsied. He is temperate in drinking and eating. Fully two months after I commenced treatment (and luckily with fair doses of iodide of potash which did no good whatever) elapsed before I suspected the true nature of his disease. He happened to tell me that should he be crossing a street and a team be near him, in his attempt to get out of the way he would fall right down in the road; I tried blindfolding him and with his heels together seeing if he could stand. No, nor could he walk blindfolded. He could not touch the tip of his nose with his finger. Though unable to run from a team,yet while lying down he could hold his leg flexed while you dragged him about. He still has that much power in his right leg, hardly so much in the left leg.

What is curious in this case is that the lateral as well as the posterior columns are involved in disease. He has well-marked right plantar reflex,which is even more exaggerated in left. Toe-clonus of right; never of left. Right ankle clonus, but left is so great that as long as you stretch the calf it jerks. Exaggerated knee jerk on right which is even greater on left. Cremasteric reflex on left just seen but very strong on right side. Testis not wasted, yet impotent. Abdominal reflex on right side, not on left. Right gluteal reflex exaggerated. Epigastrial reflex (tickling 4-5-6 internal spaces) absent on left side, present on right. Right scapular reflex exaggerated, hardly present on left. Triceps reflex on left, hardly on right. Radial reflex on both sides. Reflex from striking flexors of hands and percussing wrists.

Anesthesia of left lumbar region and over left side of belly. Tactile sensibility impaired, even legs and arms. Iris reflex very sluggish, left reacts more strongly than right, pupils not contracted.

Let us review the reflexes. The circular fibres of iris are innervated (Althaus p. 158) by the third nerve, and Allen (Anat. 517) says its intrinsic fibres could be involved by diffusion of degeneration spreading from the pyramidal tract upward and inward.

The exaggerated reflex of right triceps indicates pathological lesion of cord in brachial plexus (5 cer.first dorsal.) The forearm reflexes lesion of lateral columns; the wasting of muscles of hand that even anterior cornua of some of that part of cord is affected. From the fifth cervical to the termination of spinal cord there is a lesion of lateral tracts. The bowels are sluggish. He can hardly urinate once a day. The epigastric abdominal and only a trace of cremasteric reflexes are wanting on left side. The weakness of left thigh shows disease in middle of lumbar enlargement. The ensiform area corresponds to sixth and seventh dorsal nerves.

Gowers (p. 32) says this over contractive or mystatic irritability is of great diagnostic importance. In ankle clonus such as presented in one case just related there is indicated grave nutritive changes in the spinal cord.

As I have related there is a difference in reflexes of the two halves of the body in this case from the iris, the fifth cervical; the dorsal and to the end of the cord. A late writer in A. J. Med. Sciences (p. 434, April, 1885) says that a diminution or increase of the cutaneous reflexes alone is of no significance, but that a difference in the two sides does mean something in a pathological change.

In this assertion there is only a corroboration of Gowers who says (p.33) a difference of reflexes between the two sides is always pathological. Gowers continues and says that in cerebral disease they may exist and be of diagnostic importance (p. 34).

CLINICAL LECTURES.

THREE CASES OF HYPERTROPHIC GOITRE.

BY HENRY B. SANDS, M. D.

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Delivered at the College of Physicians and Surgeons New York.

REPORTED FOR THE REVIEW.

Gentlemen.—We have here several cases of bronchocele which I have collected for your benefit that you may compare them. Our first patient is a woman of 42 years, a German. She has lived in England, where the disease began. Our second patient is a woman of 48 years. She has a well marked swelling which can be divided into three parts, one in the median line of the neck and two lateral swellings. This agrees with the natural division of the thyroid body into two lateral lobes and the isthmus. On applying the test of deglutition, it is found that when the act is performed there is slight elevation of the tumor. There is no adhesion of the swelling to the trachea and larynx.

There is no reason to believe, so far as we can judge from palpation of the tumor, that there is any cystic formation. No growth has taken place towards the air passages or towards the esophagus. No compression of these organs is evidenced by the symptoms. There is no interference with the respiratory functions. It is only in some of the ordinary cases of goitre that pressure symptoms are to be observed. The larynx is in the median line. This swelling increases somewhat during the period of menstruation. There is no protrusion of the eyeballs and no palpitation of the heart.

The principal question of interest relates to treatment. Such a case as this should not be treated by a surgical operation. The operation of extirpation, though done with a good deal of success, is a good deal too risky without any very plain reason. As this tumor causes no interference with vital functions, growth being very slow and painless, we should exclude extirpation.

The treatment in hypertrophic goitre consists mainly in the use of iodine injected into the tumor. This practice is advocated especially by Lutout, Billroth and other surgeons. Iodine is said to cause a very rapid inanition of the growth.

Our first patient also presents the hypertrophic variety of goitre but, there are only two swellings, the median swelling being absent. These lateral tumors are quite movable.

Our third case of goitre also occurs in a female. It first appeared in the woman's neck one and a half years ago. In the course of a short time it began to increase and continued to increase until ten weeks ago, when an attempt was made by a surgeon to remove a portion of the tumor and he left a swelling which is felt remarkably close to the clavicle. Since the operation the swelling has appeared in the thyroid region and the clavicular swelling has increased. Moreover there are swellings movable under the skin and indurated. These extend along the posterior edge of the sterno mastoid muscle between that and the trapzius muscle. The swellings are all quite firm. The lymphatic swellings along the posterior part of the sterno mastoid are movable. The swelling of the thyroid gland is very firm like the smaller swellings, and it is pretty closely adherent to the parts surrounding and especially the deeper parts, namely the sheath of the carotid artery and jugular veins. Then there is a slightly movable swelling hard like the rest in the submaxillary region between the angle of the jaw and the mastoid process sinking down to the level of the styloid process and more or less adherent. Non-malignant tumors can be removed from the sheath of the vessels. I have operated in cases where the sheath of vessels and the walls of the internal jugular vein could be distinctly seen for several inches. Such operations are always hazardous.

This woman is pallid,and weak emaciated and there is reason to suspect that the disease extends beyond its present limits. The lymphatics are enlarged as far as the region of the clavicle, and beyond that point we cannot trace them. It is very probable that the disease has already invaded the mediastinal region and is beyond parts that cannot be reached by the knife. Operative surgery is out of the question and I am doubtful as to the success of any internal medication in this case. Although some remedies, namely: arsenic, arbor vita,turpentine, etc., have been used it is said, with suc-

cess in the hands of persons who reccommend these drugs, I read with much interest a short time ago an article by a German who treated malignant tumors and lymphomata of the neck successfully by means of injection into the tissue of the tumors of perosmic acid. A one per cent solution in water of the acid was employed and three minims of this substance was injected every day into the tumor which was believed to be lympho-sarcoma and not suitable for operation, and in the course of a few weeks the tumor softened, broke down and discharged and the patient was said to be cured. Several similar cases were mentioned in which tumors malignant or non-malignant were treated with success by the injection of this substance. I should reccommend in this case tonics, good fatty food, cod liver oil, iron, and as the pain grows the administration of opium and alcohol to give comfort. I would not recommend a radical operation.

PALMAR GANGLION.

Our next patient, a female, has an enlarged ganglion situated on the palm of her hand. This is quite different from the so-called ganglion situated on the back of the hand. These are small and should contain nothing but gelatinous fluid, on the escape of which the disease can be cured by the application of pressure. In cases of palmar ganglia the sheaths of the flexor muscles are enlarged very much by the presence of a substance which is fluid containing in suspension a number of so-called rice-grain bodies. This disease causes considerable deformity, great weakness and debility. Surgeons have been afraid to meddle with it because an operation required for its cure was very apt to lead to active and extensive inflammatiou of the palm of the hand and forearm, and to cause greater disability than the disease itself. Two years ago this woman was treated by a surgeon by incision. He opened the sac where it is proper above the annular ligament. The rule is, when the sac is opened a very sharp inflammation occurs. Here there was very little reaction. Last fall this case was treated by running a cat gut drain through the swelling. The cyst has become obliterated, the orifice has cicatrized and the functions of the part, are to a great extent restored. She can flex the fingers very considerably. All the fingers except the little finger and the thumb can be flexed. There is adhesion between the tendons on the one part and the synovial membrane which should move freely and which can not on the other. The tendons become prominent while the cicatrix contracts. This would be just such a case to perform the peration of incision and drainage with the most minute antiseptic precautions. It has been shown as the result of experience in such cases that when treated in this way suppuration and inflammation are avoided, and the hand is restored almost to its functions unimpaired. The fear of surgeons regarding the treatment of these cases is, therefore, abandoned.

A CASE OF NÆVUS.

This child, gentlemen, has angioma of the upper part of the head. The vessels are of small size and the color of the skin makes one think that the nævus is rather venous than arterial. The capillaries are distended. The disease is extending but very slowly. I do not know what will cure that child with certainty; but I should recommend the use of either the actual cautery or the insertion of needles connected with the galvanic battery and applying electrolysis. I should treat the marginal part of the tumor with a view to prevent extension. In a case like this the operation of ligature of the vessels will be unefficacious and improper. The ulceration which has started in the tumor may have a good effect. It may destroy the vessels and cause obliteration. The scar may be white and devoid of these large vessels.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, May 9, 1885. The President, Dr. Attwood in the Chair.

AN UNIQUE CASE.

DR. KING read the following description sent him by Dr. Parr, of Kansas. Harry L., a German, aged 33, is very muscular, five feet five inches in height, of active habits and weighing 185 pounds. On March 31, he had a stroke of apoplexy at 10:30 P. M. followed by complete unconsciousness and paralysis, of the whole body. The day was warm and he had worked hard. He lay down on a lounge to rest when his wife observed his labored breathing and unconsciousness. The man remained so five days. On the first day the pulse was 128, full and

firm. The face was deeply flushed, temperature 98.8°; breathing stertorous. A quantity of blood was drawn from the arm. On April 6, he intimated by signs that he wished to write and gave directions about some business. His urine was drawn by a catheter and bowels moved by enemata. On April 6, he was blind, deaf and dumb and is so still. He cannot distinguish day from night. There is paralysis yet in the arm and extreme hyperesthesia since April 10. The pulse, respiration and temperature are about normal except when disturbed by storms. On April 19, he had an attack of paralysis which lasted three hours. The respiration was 30, temperature 99°. April 17, he could read large print by the sense of touch, and this lasted until April 24. When exercised by the electricty in the air, during a thunderstorm, it was as if he were connected with a powerful battery, the contractions being so strong that four men could not hold him, during each flash. He becomes exhausted for a day or two and feels so sore that he cannot be touched; the pulse goes up but is very weak, Once the pulse was 145, respiration 50, temperature 98.8°. There is pain over the spinal column. The pupils are dilated and unaffected by light. Ten years ago he had a similar attack but recovered entirely except a muscular paralysis of the left cheek. Nothing could be learned of his ancestry. He communicated by writing in the palm with the finger. On April 28, he receptivity of the palm had gone to a spot over the liver six inches in diameter, During this time his fine sense of touch left the fingers and a sudden transfer of receptivity was communicated to the palm. Since then consciousness has returned, the mind is clear except at times when it seems a little clouded, but this is only momentary. The general nervous sensibility is so great that the least noise is painful and brings on spasms. The physician who reported this case is confident that he sees and hears but does not know it. He does not simulate, but is in a pitiable condition.

Dr. Bremer thought it a remarkable case and regarded it as a clear case of aphasia. In all probability there was a very extensive hemorrhage pressing not only on the centre of articulate language, but upon those of audition and vision. The hyperesthesia present is not such a rare phenomenon but almost invariably occurs in such cases. What is really remarkable is that the patient should be so much affected by the electrical state of the atmosphere. The fact that he could distinguish letters by tactile power is also remarkable. It is hardly comprehensible how a man could read writing on a slate by the sense of touch. That would have to be seen to be believed. Many are acquainted with the case of Laura Bridgeman wno could not see or hear. She went through a tedious and long course of training, and only after years it was that she could read by touch,and she was enabled to acquire abstract ideas with unusual intelligence.

Dr. Fry did not think this case was without parallel in the literature of the subject, and with time he could find cases on record having the most important symptoms mentioned. He was not disposed to believe that any organie lesion existed in the cerebro-spinal axis and the evidence was not conclusive that the man was completely paralyzed. He did not think that the cause of the phenomena was apoplexy,but intense cerebral congestion. He also believed that the patient both sees and hears and that he is cataleptic more than anything else.

Dr. Pollak has been connected with the Mission School for the Blind and knows what it is to teach reading by the sense of touch. He maintains that no one over fifteen will ever acquire the art of reading by this manner, even raised letters, and this is especially true of one who has been engaged in mechanical pursuits. He once met in Milan a blind lady who recognized colors by the sense of touch; she would take colored paper or worsted and sort out the different colors without making a mistake. It is utterly impossible for this patient to read his writing on a slate with her fingers. The speaker cited a case in which every test indicated blindness and yet she was not so. It was a case of hysterical amaurosis or malingering, the latter most probably.

Dr. Johnston feared that the whole case was gotten up as an effort to humbug the whole Society, or that Dr. Parr had deceived himself in this.

Dr. Dean inquired the reason the doctor had thought of placing printed letters over the palm of the hand and the reason of the lines.

Dr. King, of course, could not answer these questions and was a little bit skeptical himself on a number of the points presented. He was inclined to think the attack was a genuine apoplectic stroke. It is possible that he had Bright's disease and consequent effusion into the ventricles which produced compression and the trouble which exists. Some of the symptoms look like catalepsy and he may be simulating in others. But we must remember that he had a previous attack of

apoplexy which is corroborated by his sunken cheek.

Dr. Dickinson did not see anything so improbable in these symptoms and he thought that Dr. Bremer's suggestion of disseminated pressure in the brain an important one.

Dr. Bremer did not care to insist that it was due to an effusion of blood; it might be caused by thrombosis. Whenever the psychical centres of vision and audition become anemic and are destroyed, the individual becomes psychically blind and deaf although physically not so. He sees and hears but cannot interpret these sensations. He will see print but cannot convey to the brain what the letters mean. He can hear what is said but cannot understand it. This may be a case of aphasia combined with alectia. Dr. Bremer cited a case of an educated gentlemen affected with alectia alone. He could speak and write and could not read. By tracing the letters over again he could read. In the case reported the man writes on a slate and sees it, and by tracing the letters again manages to read.

Dr. A. Green could find no cause to account for the apoplexy. The pulse is slow and labored in that condition, which was not the case in the present instance, being as high as 128. It was doubtless a case of intense congestion.

ANNUAL MEETING OF THE SOUTHWEST MISSOURI MEDICAL SOCIETY.

The Southwest Missouri Medical Society held its Eleventh Annual Meeting at Springfield, April 23–24.

The society met in the Masonic Hall and was called to order by Vice President Quigley, of Pierce City, with following members in attendance:

Drs. Aug. Rhoads, R. H. Hill, L. I. Matthews, J. M. Hurley, of Carthage; A. S. Hawkins, of Cassville; U. B. Tabor, of Granby; R. B. Gladden, of Purdy; E. P. Hansard and J. M. Quigley, of Pierce City; W. W. Ellis, of Morrisville; J. E. Loafman, of Bolivar; Mrs. Fannie Williams, of Joplin; H. M. Lane, of Smithfield; B. A. Barnett, W. A. Camp, C. C. Clements, F. E. Ross, E. A. Roberts, and J. E. Tefft, of Springfield.

The minutes of the previous meeting were read and approved without discussion, after which the usual routine business was transacted and reports of committees received.

The committee of arrangements and scientific communications made a joint report and the following programme and order of business was adopted.

First Day.—Papers by Dr. J. M. Quigley, Pierce City, Abortion; Dr. Aug. Rhoads, Carthage, General Peritonitis; Dr. G. T. Mathews, Carthage, Abortion and Its Management; Dr. G. R. Hill, Carthage, Dystocia; Dr. F. D. Wright, Pierce City, Puerperal Eclampsia; Dr. E. P. Hansard, Pierce City, Erysipelas; Dr. W. W. Ellis, Morrisville, Report of Case, of Subacute Interstitial Nephritis, Resulting from Prostatic Irritation in Man, Æt. 75.

After evening session of first day a banquet tendered to the visiting members by the Springfield Medical Society commencing at 10 p. m.

Second Day.—Dr. H. M. Lane, "Smithfield, Notes on Splenic Abscess;" Dr. R. F. Brooks, Carthage, Affections of the Spinal Cord;" Dr. S. C. Price, Joplin, Rapid Lithotrity, (after Bigelow); Dr. Loafman, Bolivar, Use and Abuse of Quinine;" Dr. C. C. Clements, Springfield, Report of Case, Sudden Rise of Temperature without Assignable Cause; Dr. J. E. Tefft, Springfield, Wounds of the Larger Joints and Treatment; Dr. W. A. Camp, Springfield, Differential Diagnosis between Catarrhal Phlyctenular Ophthalmia.

The committee on credentials reported favorably upon applications for associate membership from Drs. H. J. Hill, J. R. Law, and Alfred Griffith, of Springfield, and J. W. Wier, W. C. James, J. R. Bartlett and H. Lot Higgins, of North Springfield, where upon those gentlemen were elected to membership.

Communications were received from Drs. Denny, of Mt. Vernon; Delzell & Henderson, Wolff, of Carthage; Woolsy, of Granby; Weaver & Roberts, of Bolivar, and Brown of Ozark, regretting their inability to be present.

The regular sessions were well attended, considering the unfavorable condition of the roads consequent upon the terrible rains of of the two preceding days. The papers presented were practical and pointed, and were as fully discussed as the limited time and number of papers presented would permit.

The President, Dr. Robert F. Brooks, of Carthage, arrived on the morning of the second day and presented for his annual address an elaborate address on Affections of the Spinal Cord, illustrated by a large diagram, after Gower. The paper was strongly presented and practical points brought out with clearness. Special stress was put upon "Diagnostic Points" and many

cases of mistaken diagnosis were cited to fix the 'points' upon the minds of the general practitioner.

Dr. Tefft's paper on Treatment of Wounds of the Larger Joints, attracted much attention. The Open Treatment was advocated with characteristic force and thoroughness.

Dr. Lane's paper on Splenic Abscess, consisted of clinical notes of four cases occurring in his practice during the past nine years, leading to a suspicion that, in malarious districts, it was really not so rare an affection as was generally supposed. In one of the cases wherein a fistulous opening through the abdominal walls into the splenic substance was maintained for seven years, the patient finally died from an intercurrent disease. Several very interesting facts were presented connected with the functions of the spleen and its relation to digestion, also the part it plays in infectious diseases.

After regular order of business was exhausted several interesting clinical reports were presented.

Dr. A. Woolsey of Granby, reported a case of abortion showing an interesting arrest of development.

Dr. Tabor, of Granby, reported one of those very rare cases of fatal hemorrhage from site of umbilical cord in an infant of two days old, which brought out a similar case occurring in the practice of Dr. Lane in which numerous ecchymosed, or hemorrhagic spots, were noticed upon the body of the child.

Dr. Quigly, of Pierce City, reported a case of phlegmonous erysipelas of vulva and vagina after an easy, quick labor.

One of the very pleasant features of the meeting was the banquet given by the local society.

The elegant spread was attended by profession and laity. It was what is termed a "stag supper"—no ladies were present. Dr. Camp, of Springfield, made a genial speech of welcome and was followed by ex-Mayor McGregor. Hon. O. H. Travers spoke on behalf of the legal fraternity. J. I. Johnson, of the Herald, responded eloquently for the secular press. Numerous speeches were made by the visiting resident physicians and altogether it was an enjoyable affair, lasting till the "wee sma' hours." This, as well as the grand harmony and absence of friction which prevailed throughout the two days' session, reflected credit upon the local society and upon the courteous chairman of committee of arrangements, Dr. W. A. Camp.

The annual election was held at close of meeting and the following officers were chosen:

President, Dr. J. M. Quigley, of Pierce City.
Rec.-Sec., Dr. W. A. Camp, of Springfield.
Cor.-Sec., U. B. Tabor, of Granby.
Treas., F. E. Ross, of Springfield.

Dr. Denny, of Mt. Vernon, and Clements, of Springfield, were chosen delegates to the American Medical Association.

The Society will meet again at Carthage in October. HORACE M. LANE, Secretary.

CORRESPONDENCE.

NEW YORK LETTER

NEW YORK, May 9, 1885

Editor Review: — The Carnegie Laboratory erected in connection with the Bellevue Hospital Medical College is now completed and represents one of the largest and finest laboratories of the kind in this country. It contains over thirty-five rooms besides a most excellent lecture room capable of seating 325 students. There are three large laboratory rooms besides two large rooms for a library and museum; the latter will contain only such specimens as are directly connected with the laboratory work, as the celebrated Woods Museum is also connected with the college. The remaining rooms are used principally for private work; these including the use of the institution's apparatus, renting for from $5 to $8 per month. Many medical gentlemen have availed themselves of these facilities for private study and investigation by engaging these rooms. We were particularly pleased with the good light and arrangement of the rooms. We are indebted to Dr. Herman M. Biggs, instructor in the Laboratory for the Culture and Study of Micro-organisms, for the exhibition of recently imported cultures in different methods of preparation. For solid transparent media he uses sterilized gelatine and agar-agar, the latter being used principally for high temperatures. The doctor also has very ingenious and extensive apparatus for plate culture. In viewing the extensive array of apparatus and instruments we were particularly interested in four or five of the most recent patterns of the freezing microtome, the object of these instruments being to harden the specimens temporarily by freezing so as to get sections of the fresh tissues without destroying their integrity, as is sometimes the case with ordinary hardening agents. In the laboratory of pathology and histology there is constructed a table about seventy-five feet in extent containing in its centre a trough in which slide frames for the support of either gross or microscopical specimens. These are passed successively from one student to another as they are seated along the table. This is an idea copied

from the laboratory of Virchow. The laboratory of Surgical Histology and Pathology also contains some excellent instruments and apparatus. On May 14, the laboratory will be opened to the profession of the city for inspection.

A society which has been brought to our notice of late, and which we believe merits the full sanction and hearty co-operation of the profession, is "The Society for Instruction in First Aid to the Injured." The central body of this society was established in this city in 1882 and owed its origin principally to the success of a similar organization in London called the "St. John Ambulance Association," established in 1877. The object of this society is not to rival, but to aid, the surgeon. It seeks to establish similar societies throughout the country. Thus far particular attention has been given to the instruction of firemen, policemen, employes on railroads, and in factories, etc. Classes are given separately to each sex; there are also both pay and free classes, the price of the former being $3 for five lectures. The aptitude and zeal with which the working classes take hold of the subject has been most gratifying and encouraging to the instructors. The society has been approved and recognized by both the Academy and the County Medical Society.

At the Third Annual Meeting of the Faculty of the New York Post-graduate School the report showed t at 133 graduates in medicine had attended within the last year. The school has just received a gift for maintaining a ward for sick and injured children.

The Training School for Nurses of the New York Hospital recently graduated a class of six. A large number were present at the exercises. The address was delivered by Dr. George L. Peabody.

On May 12, the College of Physicians and Surgeons will graduate a class of 134, the largest number ever graduated at one time. The Rev. Dr. Parkhurst will deliver the address. J. W.

TRACHEOTOMY.

MERIMEC, St. Louis Co., Mo.

Editor Review: February 13, last, I performed tracheotomy upon an infant, æt. ten months, suffering with laryngitis with exudation or membranous croup, assisted by my friend and former colleague, Dr. L. Clark Toney, of Trenton, Ill. Upon our arrival we found the little creature suffering intensely. Cyanosis decidedly marked, evidencing the fact that the circulation was greatly impeded, great restlessness and anxiety of countenance, swollen condition of epiglottis, and upon laryngoscopic examination, which was difficult, we ascertained the presence of a false membrane within the larynx. Evidently the spasm of the larynx, was a great factor in the difficult breathing, for it was questionable whether the membrane was enlarged to such an extent as to completely occlude the larynx. There was edema as a result of impeded circulation.

Respiration accompanied by a local and hissing hoarse sound. Temperature 103 degrees F Pulse 170 (?), feeble and flickering. In fact the symptoms were so urgent that we saw the immediate necessity of performing tracheotomy.

Little difficulty was experienced in soon bringing the little one under the influence of chloroform.

We firmly drew the head back and proceeded to divide the skin, superficial fascia and adipose tisssue; also carefully dividing the sterno-hyoid muscle. The incision was made from the lower border of cricoid cartilage to the top of the sternum, carefully compressing all bleeding vessels and thoroughly cleansing away all hemorrhage and securing the trachea with the tenaculum and drawing it up, carefully guarding the point of the knife, we suddenly thrust it into the trachea, cutting from below upwards, incising three tracheal rings. Upon the air entering the trachea our little patient's spirit seemed to have taken its flight into mysterious altitudes "Above," for it was apparently dead, but upon dashing cold water into its face, and producing artificial respiration, we were delighted to see it breathe again. The lividity gradually disappeared and our patient seemed easy. We then cleared away all mucus and blood and introduced a trachea tube, previously cleansed with warm water and listerine, securing it with tape around the neck and applied over it Japanese silk to prevent the entrance of any foreign matter, either irritating or putrefying in character, saturated sponges with hot water and allowed the little one to inhale a warm and moist atmosphere. Occasionally we would slake lime in the room, ordering the room to be kept at an even temperature of 90 degrees F., ordered a kettle of boiling water to be kept on the stove. Every day the inner tube was removed and thoroughly cleansed with warm water and listerine. Sustenance by milk, enemata and gentle stimulation, tinc. aconite and camphorated tr. opii were given to quiet and reduce the temperature, which slowly began to decline on the third day, when the thermometer registered 99½ degrees F. under axilla. The membrane dissolved and was thrown off. Slowly but surely our little patient went on to recovery. Tubes have been removed and wound is healing nicely. We report this case simply because of the rarity of the operation in a child so young.

Entertaining the hope that this may be the means of stimulating others to a like action and thus snatch lives from the jaws of death, we offer this contribution.

M. CLAY WYATT, M. D.

ILLINOIS STATE BOARD OF HEALTH.

STATE SANITARY SURVEY—CIRULAR TO COUNTY SUPERINTENDENTS OF SCHOOLS.

In anticipation of the possible appearance of Asiatic cholera in the near future, as well as in the general interest of the health of public-school children, the State Board of Health requests that County Superintendents of Schools throughout the State use their influence and

anthority in securing a good sanitary condition of the public-school buildings and premises over which they have supervision, before the season becomes too far advanced.

To this end it is desirable that Boards of School Directors be specifically advised of the importance of an immediate inspection of school buildings and premises with reference to:—

1. THE PURITY OF THE WATER-SUPPLY.—If the water-supply be from wells, these should be so located and protected as to be free from contamination by seepage from privy-vaults, cesspools or other sources of ground-polution, as well as from surface-drainage. If from springs or running streams, these should equally be protrected against contamination. If from cisterns, the roofs and gutters connected therewith should be kept clean and free from any accumulation of leaves or other debris or refuse; the curb and cover (if the cistern be below ground) should be sound and high enongh to prevent any surface-drainage; if there be any suspicion of leakage, it should be at once repaired; and, unless the water be free from color or odor, it should be pumped out and the cistern thoroughly cleansed. Where there is any doubt as to the wholesomeness of the water now supplied its use should be abandoned and other provision should be made at once.

2. THE CONDITION OF WATER-CLOSETS AND PRIVIES.—Water-closets should not be located in basements or interior rooms; should be well ventilated, properly trapped and thoroughly flushed, and the soil-pipe should be ventilated by a suitably-protected ventilating pipe opening above the roof. Privy-vaults should be emptied and disinfected before warm weather makes such work dangerous. If the present location is objectionable, new tight vaults, preferably above ground, should be constructed above at a safe distance from any source of water-supply. The old vaults should be emptied, and then filled with clean dry earth.

3. THE DRAINAGE AND POLICING OF GROUNDS.—Grounds around school-buildings should be thoroughly drained; gutters, sewers and other drains should be cleaned out, disinfected if necessary, and kept free from obstructions; stagnant water, either on the premises or in the vicinity, should be drained off, and the low moist places filled in with clean dry earth, or sprinkled with fresh-burned lime. All accumulations of refuse, ashes, etc., should be removed, and the grounds be kept scrupulously clean.

4. THE CONDITION OF BUILDINGS.—So far as practicable a thorough spring cleaning should be given to all school-rooms, and especially to the basements, where there are such. Damp basements or underground stories, after being properly cleaned should be liberally sprinkled with fresh-burned lime, changed from time to time. All rooms should be freely exposed to the air when not occupied. Buildings which are connected with sewers and a public water-service should be carefully inspected as to the plumbing and drainage, and all defects should be promptly remedied.

Where nuisances exist on adjoining premises or in the vicinity of a school, the attention of the proper authorities should be called thereto by the School Directors and their immediate suppression should be requested.

The foregoing suggestions will indicate the most prominent sanitary defects which require immediate attention; and, if they will be of any service to County Superintendents in securing the necessary action by School Directors, additional copies of this circular will be supplied for such purpose. Requests for such additional copies, specifying the number desired, should be made to the Secretary at Springfield.

As soon as practicable, and from time to time as necesslty arises, reports of the condition of the schools should be made to the Board, which is prepared to furnish any information or advice, or to render any assistance in its power to secure the end indicated.

By order of the Board:

JOHN H. RAUCH, Secretary.
Illinois State Board of Health,
Springfield, April, 1885.

IN MEMORIAM.

MEREDITH MARTIN, M. D.

At the meeting of the St. Louis Medical Society held May 9, 1885, the following resolutions were adopted:

WHEREAS: The late Dr. Meredith Martin, who was president of the St. Louis Medical Society in the years 1840, 1842 and 1845, has departed this life unusually honored, respected and esteemed by all who knew him and especially by the older members of the medical profession, therefore, be it

Resolved, That we deplore the loss of a good and worthy physician, an eminent citizen and a lamented friend.

Resolved, That in his medical life, in his social circle and in his home life, he has always been known as an honest man, a genial and warm-hearted friend, a devoted husband and father. "Peace to his ashes."

Resolved, That to his bereaved and afflicted family we extend our most sincere sympathy, assuring them that not only in his home will he be mourned but that his memory will long be cherished, and his loss deeply felt by his medical friends and associates.

Resolved, That these resolutions be spread upon the records of the St. Louis Medical Society, and that copies thereof be furnished to the family of the deceased.

ALFRED HEACOCK,
S. POLLAK,
WILLIAM JOHNSTON, } Committee.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 21. CHICAGO AND ST. LOUIS, MAY 23, 1885. TERMS: $3.50 A YEAR.

A LESSON IN SANITATION.—We call the attention of our readers to the graphic account given in our Philadelphia Letter of the origin of the deadly epidemic of typhoid fever at Plymouth. It is strange, that with such examples as argumenta ad hominem, no more is done by physicians or exacted by health authorities to avert such calamities. The only proper thing to do with dejecta in typhoid fever and in other enteric troubles or complications of a specific and pathogenic character, is to destroy them by fire. A strict system of notification of all cases should be enforced and the authorities then be held responsible for the mode of disposition of the dejecta. Every health officer should supply each house in which such a case occurs with a portable furnace adapted to the purpose of consuming the dangerous excreta,and see that it is done. Such crematoria belong to the equipment of a decent health organization, as well as the swillcart or the official fumigator, with his abominable stenches and poisonous disinfectants, that are, to say the least, of very doubtful value.

PUBLIC HEALTH IN MISSOURI.—In his annual address before the Missouri State Society, the president, Dr. H. H. Middlekamp refers in unequivocal terms to the requirements for an advanced medical education, and Dr. Shields, Chirman, Com. on State Medicine gives a very mortifying but true picture of the condition of public sanitation in the state of Missouri. In matter of everything pertaining to the public health we have retrogressed in the state. Laws that were framed and have done well have been seriously crippled by adverse judicial opinion; aud the miserable pittance allowed our State Board has been entirely cut off by an allwise legislative body. The device of Missouri, "Salus populi suprema lex esto" becomes a hollow mockery in the light of these developments. In the language of the secular press: "Poor old Missouri." By way of contrast we point to Illinois and its State Board. All things must have a beginning and great results can not at once be looked for. To make a sanitary body aggressive, alert and fearless the support of the press and the law must be assured. Then the best elements in the profession will look upon the membership in such a body as a position of honor and a field that will give scope to laudable ambition.

ERRATA.—We refer to a list in another column of typographical errors that occurred in the paper of Dr. Brooks, published in No. xx. It is an illustration of the importance of sending manuscript *legibly written in ink.* Few doctors are caligraphers, but reasonable care in composition and handwriting are the only means of subduing and paralyzing the vicious vagaries of the printer's devil. In the present instance he pleads not guilty and enters a sturdy general denial.

PROLAPSE OF OMENTUM.—We find the notes of the following unique case in the Pacific Med. and Surg. Jour., and Western Lancet. Dr. Domenico Morisani, in Revista Internadi Med. e Chir., reports a peculiar case of a woman, aged 39 years, in which prolapse of the omentum through the rectum occurred. Her attention was first directed to the fact by noticing that after going to stool something had come down into the anus. About a month later she had an attack of intestinal catarrh, of a dysenteric form, and after straining she noticed that something had been expelled from the rec-

tum, the protrusion increasing after each effort at defecation.

On examination it was seen that the anal orifice was greatly dilated, and that from it was a projection of about twelve inches in length. It was rigid, and described in a certain degree the arc of a circle. Its surface was knotty, and formed of a series of lumps resembling the configuration of the transverse portion of the colon. The external surface was epithetial. On straining it could be made to project further. It was found that a recto-vaginal fistula had formed, and most of the fecal matter was being evacuated through the vulva.

The following operation was performed, under strict antiseptic precautions: The tumor was pulled down, and it was observed that there was a fold of mucous membrane closely united to it. On attempting to insert a tent between the fold and the tumor, the tent passed into a cavity. It was then drawn out, and the blade of a probe-pointed bistoury inserted; the blade was then turned vertically against the fold of the mucous membrane so as to nick it in several places. Traction was again performed, and the drawn-out portion was at once thought to be a part of the great omentum. The finger was then introduced along the tumor and found to be in the abdominal cavity. It was also ascertained that the tumor had come down from the abdominal cavity by perforating the intestines. Being convinced that the tumor should be removed, Morisani drew down from the abdomen the other portion of the omentum. Four points of the Spencer Wells chain suture were then placed in the part drawn out, and afterwards tightened by crossing it in the omental tissue. About three-fifths of of an inch below this ligature the tumor was cut off, the pedicle dressed with iodoform and returned to the abdominal cavity. The opening in the intestine was plugged with an antiseptic sponge, its edges freshened and stitched to the rectal mucus membrane. A second set of vertical suture was then put in, and the whole wound dressed antiseptically. The patient died of septic peritonitis on the sixth day.

The autopsy, made thirty hours after death, showed a collection of pus in the pelvis, a small opening in the intestine through which feces had extravasted, and the contents of the abdominal cavity agglutinated. There was considerable lengthening of the transverse mesocolon. The stomach was in its normal position, but the transverse colon was dislocated, being curved so as to form a sort of angle, the apex of which was in the pelvic cavity. The epiloria magna had entered an opening in the wall of the prolapsed colon, and had gradually passed out per anum. There was nothing to show clearly how the perforation was caused.

Hemophilia.—At the meeting of the Harveian Society of London, April 16, 1885, Mr. J. Ernest Lane, read a paper on hemophilia. Having commented upon the hereditary nature of the affection, he referred to its marked prevalence in the male sex. In the female, the disease probably remained in a latent form. Thus the daughters of a male patient, although exempt, might transmit the idiosyncracy to their sons, whilst the direct male descendants remained healthy. Attention was also drawn to the fact that "bleeder" families were unusually prolific, the number of births being almost double the ordinary average. The comparative rarity of the disease was explained by the fact that in these families the number of sons far exceeded that of the daughters. Of 37 children born in six of these families, 27 were boys and 10 girls. The symptoms were classified under the following headings:—1. Spontaneous bleedings. 2. Traumatic bleedings. 3. Effusions into joints. Referring to the last symptom Mr. Lane considered that the swellings of the joints where usually due to synovial and not to hemorrhagic effusions. The views of Virchow and Wachsmith as to the pathology of the disease were quoted. With regard to the treatment, he recommended the habitual use of purgatives such as sulphate of soda, or compound jalap-powder. The hemorrhages should be treated by

the use of styptics, preference being given to the perchloride of iron. He referred to a case in which transfusion had been performed by Mr. Samuel Lane, when the patient was at the point of death from hemorrhage induced by an operation for squint.—Dr. M. Handfield Jones briefly narrated an example of the disease which had come under his notice, in which the diathesis had been traced through three generations. There was apparently a close connection between the number of members in a family and the fatality of the disease, the percentage of deaths from bleeding increasing rapidly the larger the number of children. Moreover, among the younger children hemophilia proved more rapidly fatal than in the earlier members. Dr. Handfield Jones differed from Mr. Lane in thinking that hemophilic patients rallied quickly from large losses of blood. Mr. Sedgwick looked upon hemophilia as a congenital defect of the vascular system, and upon the associated affection of some of the joints as usually due to effusion of blood. The female transmitters did not exhibit any exceptional tendency to hemorrhage, even during child-birth. Families of bleeders, both in this country and America, probably inherited the defect in many cases from a common source, through the occasional extension of the usual limits of atavism. In some forms of the diathesis, such as epistaxis, hemoptysis, and umbilical hemorrhage, the structural defect in the blood-vessels was more limited than it was in hemophilia.

Cocaine as an Anesthetic.—Although medical literature is almost surfeited with cocaine and its marvelous effects, we find enough that is new to merit publication in the following physiological researches. The Paris correspondent of the British Medical Journal says that:

M. Arloing has made an extensive series of researches on the physiological action of cocaine, which led him to the following conclusions. Hydrochlorate of cocaine is a purely local anesthetic. Contact of the terminal nerve-plates with cocaine is the principal cause of anesthesia. Cocaine provokes constriction of the capillary blood-vessels; but M. Arloing does not think the corneal insensibility produced by cocaine ought to be attributed to regional anemia, inasmuch as anesthesia can be produced before and after section of the cervical branch of the sympathetic nerve. The anesthetic effects of salts of cocaine are very evident on epithelial mucous membranes, on one specially in which the nerve is intra-epithelial, that of the cornea. Thus it may be argued that anesthesia from cocaine depends on contact, and this is not impeded by the local circulation. In the nerves, where the nerve-elements are protected by the peripheral connective tissue and the lamellar sheath, anesthesia is more slowly produced. Interstitial injections of cocaine anesthetize small nerves, as has been proved in the enucleation of the eye-ball. A solution of cocaine deposited on the surface of the eye-ball of the guinea-pig slowly penetrates through the epithelium; the nerve-terminations are impregnated. It traverses the cornea, circulates among the lymph-canals and aqueous humor, bathes the iris, and finally passes into the circulatory system, and kills the animal. M. Arloing concludes that cocaine-salts temporarily modify the physical properties of protoplasm, the elements of nerve-termination, also fibrillar elements. Dr. Brown-Séquard believes that the anesthetic effect of cocaine is due to inhibitory phenomena. In a communication to the Biological Society, he stated that the fact that wounds become anesthetised when the animal's larynx is irritated by carbonic acid, chloroform, or galvanization, suggested to him that the action of cocaine is inhibitory. Dr. Brown-Séquard observed that, by slightly stimulating his laryngeal mucous membrane, he relieved a feeling of intense fatigue, and also removed rheumatic pains. He injected hydrochlorate of cocaine along the superior laryngeal nerve of an animal. All the wounds inflicted were anesthetized, and the sciatic nerve was stretched without producing the slightest pain; an analgesic zone ex-

isted round each wound. All the wounds inflicted after the application of cocaine were in a state of hyperalgesia. Dr. Brown-Séquard therefore refuses to admit the anesthetic effect of cocaine and further asserts that, if a large dose be injected, the poisonous properties of cocaine prevent the anesthetic phenomena.

THE TREATMENT OF CARBUNCLE WITHOUT INCISION.—Dr. L. Duncan Bulkley, of New York, read a paper on this subject at the late meeting of the American Medical Association. To our personal knowledge a beginning carbuncle often heals kindly after thrusting a knitting-needle heated to a white heat into the centre of it. Thus the necrotic tissue is at once entirely seared and destroyed, and elimination by reactive and spreading inflammation obviated.

He related the case of a gentleman, aged 56, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumor, thickly spread on the woolen side of lint, the following ointment:

℞ Ergot, fl. ext. - - - ʒij.
Zinci oxidi, - - - ʒss.
Unguent. aq. rosæ - - ℥ij.
M.

Covering this was cotton-batting, to prevent blows or injury. He was given sulphite of calcium, ¼ gr. every two hours, and occasionally the following:

℞ Magnesiæ sulphat. - - ʒiv.
Ferri sulphat. - - - ʒj.
Acid. sulphurici dil. - ʒiij.
Syr. zingiber, - - - ℥j.
Aquæ, - - - ad. ℥iij.
M.

S.—Teaspoonful in water through a tube three times daily.

At bedtime, Dover's powder was administered to give rest when required. The result of the treatment was cessation of pain, rapid resolution,and a cure,except some induration, in eighteen days. The man continued at his work.

He summed up his paper as follows:

1. Avoid any irritation, as pressure, blows, etc.
2. Avoid warmth and moisture, as in poultices.
3. Avoid incision.
4. Do not use stimulants.
5. Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick.
6. Use sulphite of calcium every two hours for its effect upon suppuration.
7. Employ good, nutritious food, and fresh air.
8. A sedative, if desired, and occasionally the laxative and refrigerant tonic as above.

The advantages are:

1. Short time required for recovery. 2. Cesssation of pain. 3. No scar. 4. No operation. 5. No detention from business.

LONGEVITY IN THE DIFFERENT STATES.—We note in the Scientific American: A student of the reports of the tenth census has compiled a table for the Boston Commonwealth for the purpose of showing in what state or states one has the best chance for a long life. New Hampshire seems to him to be the favorite refuge of green old age, for he finds that one seventy-fourth of the inhabitants are at least eighty years old. The proportion among native white males is 1 to 80, but the environment in New Hampshire seems to have been even more favorable to the preservation of life in the other sex, for the proportion among native white females is 1 to 58. Other New England states do not contain quite so many old persons, the average proportion for the six being 1 in 134. Coming to New York, he finds that for one person who has reached the age of eighty there are 161 who have not been so fortunate, and in the three Middle States the average proportion is one in 182. As he goes southward he discovers a greater preponderance of young blood, for in six South Atlantic States the average proportion is 1 to 203. The Gulf States afford a less attractive shelter for the aged, for the average is 1 to 300. In Texas,

where so many worthy persons die with their boots on in the prime of life (No offense meant to our esteemed colleague of the Texas Courier-Record.—EDITOR.) only one octogenarian can be found in a group of 497 citizens. The average rises again in the interior states east of the Mississippi, but in the Great Lake States it falls to 1 in 263, a good old age being attained with great difficulty in the wealthy and prosperous state of Illinois. In seven states west of the Mississippi River the aged rarely appear, for the average proportion is 1 to 453. In Iowa, a crop of 334 persons yields only one who has reached the age of four score. In Minnesota, Nebraska and Kansas only one of these aged citizens can be found in a group that would yield two in Iowa, and in Colorado 1,150 inhabitants must pass in review before an octogenarian comes in sight. The old are even more rare in Nevada, but in California and Oregon the proportion is nearly 1 in 500. If the inhabitants of the whole country could be assembled in two hundred and twenty-seven groups, it would be possible to place at the head of each group one patriarch of eighty or more years. So our student, assuming that long life is the inalienable right of those who reside in New Hampshire, Vermont and Maine cries: "Flee to the mountains of New England for health and longevity."

ERRATA.—In Dr. Brooks' paper on "Affections of the Spinal Cord," in No. XX, the following corrections are made:

Page 389, 2d column, 31st line from top, read, "In our mines," instead of "in one mine" as printed.

Page 390, 1st column, 5th line from top, read "spinal cord," for "spinal end." Also, same page and column 20th line from top, read "no venereal taint" for "no unusual taint." Also same page and column, 31st line, read "of vertebræ, which" instead of "or vertebræ, while." Also same page and column, 42nd line from top, read "now these" instead of "now there." Also in following line strike out the words "not very little." Also same page and column, last line, read "bitter cud" instead of "bitter end."

Page 391, 1st column, 14th line from top, quotation from Dr. Lane's report ends with the word "case." Also same page and column, 31st line from top, read "cremasteric reflexes indicate" instead of "cremasteric however." And in the following line strike out the word "skin." Also same page and column, 34th line from top, read "indicates" instead of "indicate." Also same page and column. 55th line from top, read "The inference" instead of "The influence." Also same page, 2d column, 6th line from top, read "excéssive myotatic" instead of "excessive mystatic." Also same page and column, 16th and 17th lines from top, read "involved lateral tract (crossed fibres) causing paralysis, etc.," instead of "involved (Crossed S. p. 11) granulated fibres causing paralysis."

Page 392, 1st column, 9th line from top, read "no loss of" instead of "no less" Also same page, 2d column, 35th line from top, read "washed, dressed and fed," instead of "washed, arms and feet."

Page 393, 2d column, 5th line from top, read "none of left," instead of "never of left." Also same page and column, 10th line from top, read "Testes" instead of "Testis." Also same page and column, 14th line from top, read "intercostal spaces" instead of "internal spaces." Also same page and column, 49th line from top, read "in our" instead of "in one."

CONTRA-INDICATIONS TO MERCURY IN SYPHILIS.—(1) In phthisis, except when very slight; (2) in nephritis, except when due to syphilis; (3) in severe scrofulous symptoms; (4) in profound non-specific anemia; (5) in sloughing and phagedena. Avoid alcohol and tobacco; enjoin exercise and fresh air (except when any eruption appears), and cleanliness.

FORMATION OF PTOMAINES IN CHOLERA. —There is a medico-legal interest contained in the following abstract by the Pharmaceutical Record of a paper by M. A. Villiers in the Journal de Pharmacie et de Chimie:

Since the discovery of the toxic alkaloids which are produced during the putrefaction of dead bodies, the question has often been raised whether identical or analogous alkaloids are not, in certain diseases, formed during life.

M. Villiers has, as the result of careful investigation, demonstrated the important fact that such is the case. Experiments were made on the bodies of two cholera patients, in one case twelve hours, in the other twenty-four hours, after death. An alkaloid was found, chiefly in the intestines, the kidneys containing traces, the liver and blood practically none.

The alkaloid is a liquid, alkaline to test-paper, an energetic base, not set free by alkaline bicarbonates, but only by alkalies. Its solution and those of its salts yield the following precipitates: With iodide of mercury and potassium, white: iodide of potassium with iodine, brown (even in very dilute solution); bromine water, yellow; picric acid, yellow; chloride of gold, yellowish white; tannin, bichloride of mercury, white, in concentrated solutions. Chloride of platinum and bichromate of potassium produce no precipitate. Ferricyanide and perchloride of iron do not immediately give the ptomaine reaction, which is only slowly developed. Pure sulphuric acid dropped on the alkaloid produces a slight and fugitive violet coloration.

The hydrochlorate of the alkaloid is neutral to litmus, and crystallizes in fine long, transparent needles, extremely deliquescent.

A quantity of alkaloid corresponding to 6 milligrammes of the hydrochlorate, injected hypodermically under the thigh of a young guinea-pig, produced remarkable physiological effects. The variation in the number of heart-beats per minute was particularly surprising. Thus:

Previous to injection	258
Five minutes after	140
" " "	258
" " "	150
" " "	60
" " "	264
" " "	90
" " "	252
" " "	120
" " "	294
" " "	222
" " "	270
" " "	222
" " "	228
" " "	222
" " "	222
Two days after	246

Three quarters of an hour after the injection the anterior limbs were seized with violent rapid trembling, which afterwards affected the posterior limbs, and rapidly disappeared. The animal refused nourishment, and died four days afterwards.

The author proposes to make further investigations in other diseases, such as typhoid fever, and suggests that if, as seems probable, death in these cases occurs from actual poisoning, this might be prevented by administering antidotes, such as iodine water or iodized starch, which would render the alkaloid insoluble, until the cause (whatever that may be) of the production of the poison has ceesed to exist.

Pathological Physiology of the Supra-Renal Capsule.—In a recent number of the Rivista Internaz. di Medicina e Chirurgia (L'Union Méd.—Am. J. Med. Sc.) Tissoni, of Bologna, reports a series of experiments made by him, chiefly with the idea of clearing up the pathology of Addison's disease.

He propounds the following questions:

1. What are the relations of the supra-renal capsule to the cerebro-spinal nervous system and to the great sympathetic?

2. What is the reaction of the capsules to excitants?

3. By what process do destruction and absorption of the constituent elements of the parenchyma of these organs take place, after a stimulation so great as to profoundly alter their vitality?

4. Is partial or total reproduction possible after partial or total destruction, and by what process does the new formation take place?

5. Is hypertrophy of one capsule possible after destruction of the other? If so, what parts of the capsule are especially interested in that process, and what are the histological facts in the case?

6. What are the general modifications of the organism, particularly that related to the pigmentation of the skin and the mucous membranes, which tend directly to the destruction of one or both capsules?

Tissoni operated on 31 rabbits, after having perfected himself in the operative technique. The duration of the experimental watch over each rabbit varied from 21 to 219 days. Of the 31 rabbits, only 5 were killed, the experimenter confining himself to the exposition of the gross, macroscopical phenom-

ena observed in the course of his experiments, and to giving a summary of the microscopical appearances in the few animals killed, or which died in twenty days after being operated on. Of the animals that died in consequence of the operation, Tissoni could find no lesions which might be described as special to the operation—as Brown-Sequard claimed. The majority died of subcutaneous and intra-muscular suppuration, which had formed in these situations as a thick bed of pus, a sort of false membrane which invaded a large portion of the dorsal region.

In some of the rabbits there was contracture of one of the limbs, anterior or posterior, which disappeared in a few days in some cases, but which was followed by paralysis and death in others. The post-mortem examination of these animals showed an exudative meningitis, and softening of the spinal cord. With the exception of these few cases, the operation was followed, in the greater number of cases, by no serious consequences. The animals walked about and ate, and seemed perfectly healthy during the whole time of observation. The results of the operations did not seem to be affected by the leaving of the capsule in the peritoneal cavity. On thecontrary, in a few cases in which the capsule was left, the rabbits seemed to recover more promptly, nor was the absorption of the capsule, which was complete when the animals were killed, attended by any modification of the temperature, or any other unusual symptoms. "Hence," says Tissoni, "the fact that the capsules could be absorbed without causing toxic phenomena at once disposes of the possibility of their containing a virus, or of Addison's disease being a sort of cachexia, due to altered secretion of the capsule or the product of the retention in the blood of certain principles which, under normal conditions, is taken up by the capsules, and becomes a toxic substance."

The first thing noticeable after the operation was the brown discoloration of the mucous membrane; and soon after this, pigmented spots on the buccal and nasal mucous membrane, which commenced as small points, the color of tobacco, which grew larger, became confluent, then brown, then bronze-colored, and finally all the characteristics of Addison's disease. The spots on the lower lip were sometimes isolated more after they formed a black line which ran around the mouth. The pigmentation of the mouth was very frequent, and very important. Tissoni considers it worthy of remark that the abnormal pigmentation appeared after the removal of one capsule only, as well as after removal of both. But in the first case the pigmented spots were found almost exclusively on the operated side, though in some instances they crossed to the other side.

It seems evident, therefore, or experimentally proved: 1. That the supra-renal capsules take part in the distribution of pigment. 2. That the variations in the color of the skin and mucous membranes may occur after the destruction of one or both capsules. 3. That, with the exception of this abnormal distribution of pigment, the animals (rabbits), from which one or both capsules have been removed remain perfectly healthy, and may live a long time. The alteration in the distribution of the pigment is then the only thing obtained by removing the capsules; the clinical phenomena of Addison's disease were not produced. Regeneration of the capsule was observed in two cases. When only one capsule was removed, there was a subsequent hypertrophy of the cortical substance of the other, rather than of the medullary substance.

CONTRIBUTIONS.

SPERMATORRHEA AND PROSTATORRHEA.

BY L. POLLMANN, M. D., ST. LOUIS, MO.

Read at the "Verein Deutscher Aerzte," March 6, 1885.

Into the prostatic portion of the urethra, a section commonly free from strictures, there are inserted the excretory ducts of two urogenital appendages, of the vesiculæ seminales and the prostate gland. The affections of these

apparatus stand in close relationship to those of the urethra;especially the inflammatory conditions of the urethra extend rapidly to this posterior part and these appendages; and thus are constituted the gravest complications of specific urethritis. The causal relationship of urethritis to the pathological conditions indicated by the title of this paper is not clearly defined; and the opinions of physicians relative to this point are at variance. More, however, than these considerations, the clinical interest and the frequency of these affections prompted me to draw a comparison of these conditions. The functional importance of the organs at issue is widely separated. The function of the vesiculæ seminales is well understood, that of the prostate is not at all clear, still the pathological manifestations of the one and the other bear such retionship and have so many points of resemblance that a mutual consideration is imperative.

I would deem it labor lost to give a definition of spermatorrhea, if there were not a great degree of uncertainty as to what is to be designated as such. This vagueness of idea is probably mostly determined by the indefinite boundary line between physiological seminal emissions and, such, that we may consider pathological. Individual peculiarities play an important role in this matter. Those emissions that take place in healthy, strong unmarried men under the influence of erotic dreams at intervals of eight to ten days, and influence the general health in no wise,are such non-pathologicalconditions;likewise those discharges of spermatic fluid with the urine, that ensueafter violent orgasms. In cases of the latter description the spermatozoa are carried into the urethra by fibrillary muscular contractions, that are scarcely perceived; thus the spermatozoa become admixed to the urine when voided.

Such and similar conditions are not of pathological character, and are styled, especially in French medical literature, "physiological spermatorrhea." To define the morbid conditions it appears to me that the quality of the irritation producing the emissions should be considered. And I would characterize such conditions as true spermatorrhea in which semen escapes independent of physiological irritation, i. e., after the most heterogeneous mechanical or psychical reflex phenomena and at indefinite periods. Several forms of the affection have been described; but, in the absence of a tangible pathologico-anatomical basis such distinctions can not be maintained. Gross, of Philadelphia, distinguishes pollutiones nocturnæ, pollutiones diurnæ and spermorrhagia. These definitions are of practical value, representing so many different phases, not forms, of the same process and giving points for the determination of the prognosis. This classification embodies also the chief clinical features of the various modifications of the affection.

Before reviewing the symptomatology the following remarks as to the nature of the affection are in order. As already stated, no well-defined delineation of the condition of spermatorrhea can be drawn. The alterations that we may meet with in the various organs of the sexual apparatus do in no wise afford an explanation of the symptomatic conditions intra vitam. However, the frequency of certain alterations justifies the assumption that these lesions exert a reflex action along certain nerve tracks upon that part of the spinal cord that presides over the motor innervation of the seminal vesicles. This portion of the spinal cord, first named the genito-spinal centre by Budge and described by him as situated in the lower portion of the lumbar portion of the cord, is by recent authors considered the true seat of the affection. The affection itself is, in the light of this view, to be esteemed an "hyperesthesia." A more cogent term has not as yet been applied.

As to anatomical changes of the cell-elements or the neurogia of the territory named, no information is vouchsafed. Sir William Gull investigated the subject thoroughly, but could not demonstrate any tissue-alteration. The assumption of a "state of relaxation" of the "centre" is certainly not contributive to a correct understanding of the questions involved.

Let us pass to the consideration of the causation of the morbid condition. Chronic inflammation of the pars prostatica urethræ is a most prolific cause of spermatorrhea. Such a condition of the urethral section named leads to a relaxation of the orifices of the ejaculatory ducts. Thus the power of retention of the vesiculæ seminales is much impaired. This deduction is quite plausible, but physiological as well as anatomical reasons stand in the way of this conclusion. For, on the one hand, the seminal vesicles have no muscular apparatus of occlusion, no sphincters analogous to those of many other organs; only the simple apposition-pressure of the walls of the ducts retain the contents; swelling and induration of the surrounding tissues therefore may be rather obturative in its effects. On the other hand, the circumstance should not be forgotten, that in the erect posture the vesiculæ seminales lie below

the plane of the ejaculatory ducts and therefore relaxation alone would not be followed by an outflow of seminal fluid. It was Lallemant who developed the theory of the incompetence of the ejaculatory ducts as the chief causal factor in spermatorrhea; and on this theory is based his method of treatment, i. e., of cauterization of the mucous membrane with the porte-caustique. The relaxtion-theory has been departed from; and today we look upon muscular contraction of the walls of the vesiculæ seminales, due to irritative influences in the genito-urinary sphere upon the centrum genito-spinale, as the true cause of the frequent seminal emissions. Further factors consist in psychical effects, especially of erotic nature, then venereal excesses, either from over-indulgence or abstinence; onanism is an important causation. Of a list of 75 cases that Gross reports 70 were confirmed masturbators; 64 were unmarried. Keyes, Ultzmann, Fuerbringer, Gouley, etc., emphasize onanism as an important factor. Further genetic influences consist in conditions of phimosis, congenital stricture of the external orifice of the meatus and other congenital defects. Impaired vitality due to cachexias may also develop the trouble.

The symptomatology of the disease is not characteristic; the manifestations of its existence are to be sought in the participation of other organs. Therefore the clinical picture is never a strong concise one, albeit the one of the three phases above mentioned manifest themselves early in the disease and thus early recognition is rendered easy. Frequent noctural seminal emissions, with incomplete erection of the penis and without especial erotic excitation are characteristic and stamp the drain as pathological. The frequency of normal seminal emissions is very variable, and only the reaction upon the general health is a positive indication of their gravity, of their pathological significance. The manifestations upon the general constitution consist in a group of symptoms, that may be characterized by the term cerebro- and myelo-asthenia. The most striking of this group are head and backache, dullness of receptivity, impaired memory, mental distraction, visual defects, etc. General tremor,palpitation of the heart,a feeling of oppression of the thorax and frequently recurring signs of disturbed gastric function belong to the symptomatology. The vasomotor sphere is also disturbed, as evidenced by chills and clamminess of the skin, pallor of the features and a diminished temperature of the palms of the hands and soles of the feet. With the increase of these signs diurnal emissions begin to take place and most trivial causes, such as touching of the penis, the sight of a female or an erotic thought suffice to bring about the reflex. Sensual feelings are generally absent and the faculty of coition is much impaired, because either the erections are imperfect or the ejaculation takes place before the intromission of the organ. A condition of psychical depression is seldom absent and may lead to pronounced hypochondria. The seminal loss becomes constant and continuous, the external orifice shows the presence of a viscid fluid,containing spermatozoa and defecation and urination are attended by a flow of spermatic fluid. If the patient have a neuro-pathic hereditary taint, the advanced stages of the condition may lead to various forms of insanity or to ataxia or epilepsy. This, if it may be styled so, is the typical clinical picture of the disease; in by far the greater majority of cases however the general manifestations are not so apparent and chief are uro-genital symptoms, such as flabbyness of the penis and scrotum, shrinking of testicles, neuralgic pains along the funiculus and a feeling of chilliness and discomfort in the genital region.

As you see, the symptomatology is varying and deceptive and the diagnosis can not be based unequivocally, excepting upon the detection of spermatozoa in the fluid emissions, and it is not to be forgotten that in the most aggravated forms of the affection the special function of the testicles is so perverted that no zoo-sperms are found. This is an extremely rare condition, but a numerical decrease of the spermatozoa and a rudimentary development of the same with impaired power of locomotion is generally met with.

Prognosis.—The views of the authors do not agree as to the prognosis. Lallemant styles it as not good, having seen favorable results only exceptionally. Gross says, "If the affection is discovered in its earlier stages and if definite etiological factors, such as peripheral disturbances, for instance hyperesthesia of the prostatic portion or stricture are to be found, then the prognosis is favorable." He cites a case in which spermatorrhea had existed for two years and a stricture was found to be the probale etiological factor; dilatation of the stricture and proper internal medication brought about a permanent cure. If chronic inflammation of the seminal vesicles is the causal factors, then the course of the disease is tedious and the prognosis dubious. A ready explanation lies in the continous insults, that the diseased vesicles are subjected to by the muscular con-

tractions of the urinary bladder and the levator ani. If existing local lesions are complicated by symptoms of myelo-asthenia, complete restoration may be deferred, but is possible. However, if psychical depression or other signs of cerebral asthenia such as sexual hypochondria, etc., develop, then a good result must be despaired of. If spermatorrhea accompanies acute or chronic general disease, the prognosis is determined by the result of the general affection. Thus in spermatorrhea after typhoid fever, permanent cure may be expected, and even in progressive glosso-pharyngeal paralysis manifest amelioration has been noted. Of course those cases of pathological seminal emissions that are due to sexual excesses in middle life are more amenable to treatment than pollutions in juvenile individuals, due to onanism or venereal excess.

Treatment.—The following are the leading points to be observed in treatment. In regard to prophylaxis pedagogical measures for prevention and restriction of masturbation are of value. Intelligent instruction as to the consequences of this vice and suitable penalties are proper in given cases. If the ailment is once developed then our efforts should be directed to the removal of all those disturbances that are causative by way of reflex irritation. Phimosis, urethral stricture, diseases of the rectum should receive proper treatment. It is a difficult matter to meet the indicatio morbi. As in all obstinate and intractable diseases, the remedies proposed are legion. If we adhere to the above proposed theory of a hyperesthesia of the centrum genito-spinale, then two agents especially claim our attention: Bromide of potassium and atropine. Bromide of potassium is recognized as an agent inhibitory of reflex phenomena; it should be given in half dram doses every five or six hours. Atropine has been exhibited, both in this country and in England, in doses of one sixtieth of a grain before retiring. The administration is based upon the phsyiological experiments of Heidenhain, Spina, and others, and excellent results have been reported, especially by Gross. German clinicians on the other hand do not laud this agent so highly. Based upon the results of experimental research a more extensive and careful trial of this remedy should be had. As one of the best means of dealing with the first stages of the disease, electric treatment is to be considered. Erb proposes that the anode be placed upon the lumbar region and the cathode upon the spermatic cord, the penis or the perineum. Ultzmann recommends the use of the rectal electrode. The results of the electric treatment have been invariably favorable.

The local treatment of the inflammatory symptoms in the prostatic portion and of the supposed relaxation of the ejaculatory ducts has in its time been much in vogue. Lallemant, as is known, applied local cauterization and invented a special instrument, by means of which nitrate of silver could be applied to a circumscribed region, i. e., the orifices of the ejaculatory ducts. This method is an exceedingly unsafe one and has been discontinued notwithstanding the laudations of Niemeyer and Trousseau. If we at the present day desire to act directly upon the prostatic portion, we make use of gentle astringents introduced by the means of the catheter, in solutions. And another safe innocuous way of local treatment consists in the introduction of the cooling-sound, a catheter a double courant, that can be chilled by cold irrigations. Systematic treatment by bougies has also been recommended.

A judicious selection of the above-named therapeutic measures will most certainly enable us to permanently cure at least many cases; many, however, will baffle all our efforts and all the physician can do for the unfortunate sufferer is the assurance that sometimes spontaneous cure may follow after years of distress and therapeutic failures.

It remains for me to describe the affection styled prostatorrhea. This is a condition that deserves consideration on account of its bearing upon and resemblance to the much more serious disturbance, spermatorrhea. As early as the year 1860, Gross described the affection as a distinctive one and separated it from chronic prostatitis, on grounds that are hardly tenable, and thus much confusion and contradiction was engendered. By many authorities it is maintained that the condition is essentially an inflammatory state. It is certain that prostatorrhea can easily be associated with other abnormal conditions of the uro-genital tract; it is probably never idiopathic. The etiological factors are identical with those of most urogenital disturbances.

Objective examination of the prostate is usually negative in its results. There is often no enlargement whatsoever, either by hyperemia or connective tissue proliferation. The glandular tubules, however, show proliferative enlargement; the cell-elements show the evidences of increased stimulation and secretory function. This condition has been adduced by the opponents of the theory of inflammation as argumentative in their favor.

The following objections to such a conclusion are obvious: Post-mortem anemia is no criterion excluding a condition of ante-mortem hyperemia, especially in organs that are abundant in elastic and muscular fibres. Enlargement need not take place, if the irritation in the gland is confined to the specific cell-elements and the basal-membrane or its environment is not implicated. The whole pathological condition is to be viewed as a desquamative catarrh, that has crept along the urethra and invaded the tubules of the prostate.

The secretion in prostatorrhea is, as in spermatorrhea, of a milky, turbid viscid character. Most authors do not so describe the prostatic secretion; and Fuerbringer says: Those authors that speak of a clear, transparent secretion as the product of a normal or inflamed prostate have no knowledge of the true nature of the prostatic secretion and confound with it the results of a urethrorrhea ex libidine.

The individuals that have prostatorrhea usually indulge in venereal excesses, and the belief that their ailment is spermatorrhea brings them to our consulting-rooms.

A characteristic difference, that is apparent to the close observer, lies in the absence of pronounced neurasthenic symptoms (a certain degree of depression, owing to the thought that true spermatorrhea exists, excepted), and in the absence of other concomitants in the sexual sphere. But the true state of things is determined beyond the peradventure of a doubt by the microscopic examination of the discharge. As characteristics of prostatic secretion are to be considered the admixture of amyloid corpuscles in large quantities. Absence of them speaks against prostatorrhea; they may be present in limited number in gonorrhea.

Of still greater importance in a diagnostic sense is the presence of Boettcher's crystals in the secretion. They are obtained as follows: A droplet of the suspected fluid is spread upon a glass slide and treated with a solution of phosphate of ammonia. If the fluid be prostatic secretion numeros fine prismatic crystals develop and are apparent on microscopical examination. It is absolutely necessary in order to obtain this reaction, that the fluid be free from urine. Besides these tests cylindrical cells from the tubuli may be demonstrated. A few spermatozoa may be present as an accidental admixture.

In the treatment of this affection, that, usually, is quite obstinate, local applications per urethram are of prime value.

Mild astringents should be used. Solutions of iodine, above all Lugol's solution, are beneficial. Albert recommends to convert the chronic process into an acute prostatitis by caustic injections and then to treat the acute inflammation, according to the usual principles. The termination of the acute prostatitis is attended, according to this surgeon by a cessation of the prostatorrhea. Thompson employs the chilling sound and sitzbaths. I have employed cold clysmas in small quantities with marked benefit. Of course, the general condition of the patient needs attention.

On the whole, the treatment of both affections considered is unsatisfactory to a degree. They are intractable and Fuerbringer says that in their treatment the utmost patience of the physician is taxed and frequently exhausted.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, May 16, 1885. The President, Dr. Atwood in the Chair.

VESICAL AND PROSTATIC CALCULI.

DR. H. H. MUDD presented three specimens derived from so many cases of which he gave the following histories:

CASE I.—A man, aged 30, had a fall, six months ago which resulted in a compound comminuted fracture of both legs. He was confined to bed one year and, during this time, passed several renal calculi. He contracted cystitis, which was followed by stone. About two years later an examination revealed the presence of a stone, the size of a shell-bark hickory-nut. He would not submit to Bigelow's operation. He recovered somewhat from his cystitis, but, during 1884, the vesical disturbance caused him to suspend his business. He was operated upon in September. The bladder walls were not thickened and there was no difficulty in crushing except at first as the stone was very large. The operation lasted nearly three hours and the man was relieved almost at once. He made a good recovery, and died in April, 1885, of phthisis. The stone weighed 1310 grains, being one of the largest stones removed by the rapid method of evacuating.

CASE II.—This dates back fifteen years. It occurred in a woman who suffered from prolapsus uteri. Seven years ago, the uterus

prolapsed and the bladder was inverted and stones formed. She passed a number after that. She was seen in June, 1884. The uterus was outside the vulva and the bladder upside down, the urethra being gone. A hard bunch of stones, like an orange, could be felt. The whole mass was inflamed. After a number of days' treatment she could be placed in position and on January 23, whilst under chloroform, the uterus was replaced, the meatus of the bladder dilated and the calculi removed. They were composed of uric acid and numbered 1333, of which 120 weigh over four grains each. This regularity of formation, number and quantity are remarkable.

Case III.—A few days ago a young man of 22 stated that three years ago, in May, whilst rolling logs, he felt something give way in his bladder. From that time he could not pass water. Two days later was forced to go to bed and was very sick after. On examination a mass was found engaged in the neck of the bladder. The prostate was about the tumor and it extended backwards as far as the finger could reach. The bladder held readily eight ounces of water and rapid evacuation was performed. The stone was quickly caught and the crushing commenced, but the jaws of the lithotrite caught a soft substance. This also obstructed the tube used for washing out the fragments. It was concluded to perform lithotomy and, on making the incision, the soft object was seen and easily withdrawn. It is the penis of some animal about four inches in length and incrusted. The soft tissues are still about the bone, which is about one and a half inches long. The points of interest in this case are: (1) The preservation of the soft tissues of this body, the speaker being satisfied that it has been in the bladder three years; (2) He never believed that a stone would drop in the neck of the bladder, dilate it and have the bladder contract behind it and hold it there. We can understand and it is a fact that prostatic stones form and go into the urethra and the bladder contracts behind this; but to say that a smooth stone such as this was could induce hour-glass contractions of the bladder could not be proven. The bladder was inflamed and contracted around the bone and made a pocket. The patient will probably recover.

Dr. Ford regarded the cases as very interesting. Case II being a very rare one. In regard to the development of calculi in the prostate he wished to say that prostatic stones are one thing and vesical calculi another, and renal calculi still another. You call a vesical calculus so because it is developed there. A prostatic calculus may be vesical in origin, although a true prostatic calculus differs from all others in form, structure and composition. These are formed in the lacunæ of the prostate, and are multiple, hard and composed of albumen and lime. Still a stone, originally vesical or renal in origin, may grow in the prostatic urethra and retain its form and irritate the parts and thus produce contractions behind it. He reported such a case not long since which was successfully operated upon by the median incision. Holmes distinctly states that stones, vesical in origin, may go into the prostatic urethra and develop there.

Dr. Prewitt had a peculiar case of stone in the bladder. The sound struck the stone seemingly at the neck of the bladder. The man had been operated upon before by Dr. Mudd. He had a chronic cystitis of long standing. Upon operating it seemed as if the stone was lodged in a very small bladder, or in a dilated prostatic urethra. The urethral opening was kept patulous, as nothing seemed to promise relief but drainage through the perineum. It was, no doubt, a great dilatation of the prostatic urethra or at the neck of the bladder.

Dr. Ford stated that Holmes, in speaking of the condition, says that calculi forming in the bladder and getting into the prostatic part early, are deserving of the name of vesico-prostatic calculi.

Dr. Mudd remembered the case Dr. Prewitt reported, distinctly. He had been operated upon before Dr. Mudd saw him. At that time he had ulceration of the prostate. The ulceration in the prostate was continued and a pocket formed in the lower part in which the stone lodged and a portion of the bladder formed the posterior border of this pocket. He has in his collection a prostatic calculus, which in its early stage escaped from the bladder. It was pushed forward and cut off the flow of urine, being wedged in the membranous parts of the urethra. It was extracted through the urethra with a loop.

Dr. Ford said that irritation of the urethra will beget contractions of the muscles at or near the neck of the bladder, and if a stone is in the prostatic urethra, the latter will get larger and longer and the vesical opening smaller. The sound, instead of passing into the bladder, strikes against the stone. This is one of the conditions which demand median lithotomy, and here it is less dangerous than lateral.

Dr. Mudd stated that he had removed a number of stones by Bigelow's operation, where the inflammation was marked and it was not increased. He believed it to be the

testimony of operators that the amount of irritation was not increased if the bladder is capacious.

Dr. Ford wished to observe that there was a certain limit, and, where a badder is excessively irritable, it was a question whether some other operation might not be preferable.

MISSOURI STATE MEDICAL ASSOCIATION.

REPORTED FOR THE REVIEW.

The twenty-eighth annual meeting of the Missouri State Medical Association was held at St. Joseph, May 12, 13 and 14. The first session was held at 10 a. m. and an organization was effected, addresses of welcome being made by the mayor of the city and by Dr. Heddens, the chairman of the Committee of Arrangements; and a pleasant response on behalf of the association was made by Dr. B. F. Trader, of Sedalia, who was called out by the acting president, the president of the association, Dr. H. H. Middlekamp not having arrived.

At 2 p. m. the afternoon session opened, and after the committee on credentials had made their report on names enrolled, the regular scientific work of the meeting was introduced by Dr. B. F. Trader, who read a paper on "Cholera" in which he recounted an experience which he had some years ago in an epidemic of cholera. He was called to see a woman whose symptoms were so violent that he had no hope of saving her life, but in the hope of making her suffering less, he gave, as he supposed, a teaspoonful of a glycerole of chloroform. Very soon the woman complained that she had been poisoned and on investigation the doctor saw that he had given her a teaspoonful of a glycerole of carbolic acid instead of chloroform, as he had intended. In spite of her complaints the woman became easier and after a while seemed to fall into a natural sleep. The doctor left her expecting only a fatal issue; but on returning the following day the patient was up and around and made a good recovery. Since then he has used very generally glycerole of carbolic acid as an important element in treating diarrheal affections whether choleriform or not, and has come to depend upon it as one of the most reliable agents at command.

In the treatment of cholera he would depend largely on hypodermic medication.

Quite an animated discussion followed, in which a number of physicians took part. There was a general disposition to favor hypodermic administration of remedies.

Dr. Prewitt did not believe in any curative treatment after full development of the disease. He noted that it is in the stage of collapse that patients die, and this condition he compared to that following serious injury or surgical operation which under those circumstances is known as shock, a condition of vaso-motor paralysis. The object to be aimed at in treatment is to prevent this vaso-motor paralysis, to avert the shock, and doubtless the surest way to accomplish this is to administer hypodermic injections of morphia, or morphia and atropia, early in the disease.

Dr. C. A. Thompson, of Jefferson City, favored hypodermic use of remedies and would use every effort to stimulate the will-power of the patient.

Dr. Stringfellow approves the germ theory of causation of disease. He had found the best results in treatment in '49 were obtained from large doses of calomel. He now believed that this was due to the fact that mercury is such an efficient germicide. He favored the use of small doses of the corrosive chloride as a prophylactic, on the ground that it would be easier to kill one germ than a pint of bacteria.

Dr. C. H. Hughes referred to the use of tannic acid, which had been found valuable in recent investigations in Europe.

Dr. Hanna thought there was "a good deal of stuff" about the germ theory of disease, and germicidal treatment. He raised quite a laugh by telling a story of the remedy for "bots" in a colt which had been recommended by a country neighbor, one essential of which was the hair of a rabbit in which the "bots" were expected to become hopelessly entangled when they had been induced to let go their hold of the stomach by the other agents employed. Just what relation this story bore to the treatment of disease by germicides is not apparent except as it implies that the remedy may be worse than the cure.

Dr. W. E. Fischel thinks the true causation of cholera has not yet been demonstrated. Later investigations have shown that Koch's comma bacillus is found in other diseases than cholera. He referred to the successful cholera inoculations lately performed in Spain. He recalled the use of atropia by hypodermic injection as recommended by the late Dr. Jno. T. Hodgen, to stimulate the action of the heart during the period of collapse in cholera.

Dr. Heddens thinks the germ theory yet unproven. He believes that in a cholera epidemic as many die from panic as from the disease, and certainly germs are not the cause of panic.

Dr. Brandt has surrendered completely to the germ theory. He does not accept the results of those investigators who assert that germicide agents in doses of sufficient potency to destroy germs would be dangerous to the higher organisms. He thinks the albuminoid structure of the bacteria is so delicate that any agent which would coagulate such matter would destroy the bacteria.

Dr. Wilson believes that the microbes live on dead tissue, act as scavengers and by no means attack vital tissues.

Dr. Sloan, of Kansas City, noted the difference between the first and last halves of epidemics. He asserted that all much lauded modes of treatment were such as had been pursued in the last half of an epidemic, and that little can be hoped from any course of treatment in the first half of the disease.

Dr. J. C. Mulhall, of St. Louis, then read a paper entitled "Atrophic Nasal Catarrh." He denies that this form of disease follows or is dependent upon hypertrophic disease of the nasal mucous membrane, or that it is the result of frequent and neglected colds in the head. This form of disease, he says, develops only among the strumous. Struma he defines as "the result of a conception at the time of which one or both parents suffered from any condition, active or passive, which greatly enfeebled the organism, be it consumption, or syphilis, or cancer, or alcoholism, or old age, or other condition."

He says that the disease under consideration is non-ulcerative, that the cavities adjacent to the nasal passages, as the ethmoidal or sphenoidal sinuses, are seldom or never involved in the disease. He regards it as an incurable affection.

Rhinoscopic examination is necessary to an accurate diagnosis. The essential feature of treatment is cleanliness. He directs his patients to use the anterior and posterior nasal douche as often as necessary to cleanse the passages from crusts and discharge and to free it from fetor. He directs a simple solution of soda bicarbonate or of common salt. He generally finds it necessary to give tonic constitutional treatment in addition to the local cleansing.

Dr. Rumbold, of St. Louis, took issue with several points in Dr. Mulhall's paper. He says atrophic rhinitis is always a consequent of hypertrophic disease, that the adjacent sinuses are always involved and that the discharges and crusts are a product of such involvement, and finally the disease is curable, whenever these cavities can be reached with treatment.

Dr. Mulhall, in reply, showed from the pathological researches of Zuckerkandl that his own position was the true one.

Dr. C. H. Hughes then read a paper on "Neglected Precursory Symptoms of Brain Disease." A considerable part of this paper had already appeared in print and was read from the printed page by the doctor.

The salient point of the paper was the importance of observing and rightly interpreting changes in temper, disposition and capacity for labor, as evidencing some disturbance of the cerebral functions.

Dr. Catlett, Superintendent of State Insane Asylum No. 2, indorsed the views of Dr. Hughes, except that in a good many cases he holds that a physical cause may be found for psychical disturbances. Some rather vague and rambling discussion followed which in some cases might possibly be regarded as illustrative of the subject under discussion.

Dr. H. H. Mudd called attention to the added importance of careful study of all nervous manifestations in these later days on account of the light which has been thrown upon the subject of cerebral localization. He also remarked on the influence of the nervous system in determining the results of surgical procedures.

In the evening Dr. J. H. Thompson, of Kansas City, read a well prepared "Report on Progress in Ophthalmology." Jequirity, cocaine, stretching the infra-trochlear nerve for glaucoma, and the tendency to discard cutting instruments and use small probes in the treatment of lachrymal strictures were the evidences of progress to which he called attention.

The next paper was pr sented by Dr. F. J. Lutz, of St. Louis, and was entitled "Diseases and Treatment of Cicatrices." He showed a tibia and fibula removed by amputation on account of an epitheliomatous growth upon the site of an old compound fracture. He also reported the case of a man whose arm was bound closely to his side for about half the distance from the shoulder to the elbow by cicatrices resulting from an extensive burn.

Dr. Lutz has operated upon this patient and secured a most happy result, as was well shown in the photographs which the doctor presented to the society.

Dr. Prewitt had seen several cases of malignant disease, epithelioma and sarcoma developing in scar tissue or in old ulcers. Dr. Post, of New York, he said had done

some admirable work in the direction of relieving deformity caused by cicatricial tissue.

Dr. Halley, of Kansas City, said, that these growths occurring in cicatricial tissues or old ulcers offered a much more favorable prognosis than when occurring elsewhere.

All favored early operation in malignant growths. Dr. Jackson said that he had operated upon a considerable number of scirrhous mammæ, and in every one the disease had recurred.

Dr. Kingsley read an interesting paper on "Malaria in Children." He described the various phenomena wherin the manifestations of malarial poisoning in childhood differ from those in adult life. The principal ones of these are the absence of distinct chill and of the sweating stage in infants and young children, the rapid development of cachexia, the greater tendency to enlargement of the spleen, the peculiar proneness to disturbances of the digestive system and to various complications.

Quinine is the main dependence in treating this disease in chilhood as in adult life, but must be given liberally, two to four grains three or four times a day. Fowler's solution, tincture of iodine and carbolic acid, and finally the cold pack were among the remedies which he had used with advantage.

Dr. Mudd, of St. Charles, said that he sometimes had used successfully a little pad into which was quilted a dram of quinine. This was dipped in alcohol or whisky and applied to the epigastrium.

Dr. E. M. Nelson, of St. Louis, said he had good results with infants under one year, from inunctions of quinine with fresh lard.

Dr. T. M. Johnson, of Kansas City, doubts the assertion that little children do not have a distinct chill. He thinks this opinion is due to inaccurate observation of phenomena and to the inability of the little ones to describe their feelings.

Dr. Stringfellow don't think that little children have malaria. He has discarded the use of quinine with children and gives them now only small doses of calomel.

Dr. Fischel said that he had had similar experience.

Wednesday morning an auditing committee was appointed, also a nominating committee; the latter consisting of Drs. J. M. Allen, H. H. Mudd, Mathews, Milam, and Lester Hall.

Dr. Catlett read a long paper as one of the Committee on Psychological Medicine, his subject being "Asylum Treatment of the Insane." It was an able presentation of the subject, but was referred to the Committee on Publication, without debate, as the hour was at hand for the President's annual address. Before hearing that, however, the Association granted to Dr. Griffith opportunity to present a patient upon whom he had successfully performed the operation of subcutaneous section of the femur between the head and trochanter major, and forcible straightening of the limb, which was flexed strongly at knee and hip joint as the result of morbus coxarius. He could now walk short distances with only the use of a cane.

In his annual address Dr. Middlekamp dwelt upon the importance of further advancement in the requirements for medical education. He emphasized the responsibility of the profession in regard to the character and qualifications of the students whom they encourage to study medicine or consent to vouch for as preceptors. He expressed approval of the three-term schools and thought they alone should be supported by the profession, and that all medical schools should give instruction in microscopy, orthopedics, psychiatry, medical jurisprudence and sanitation. He advocated the establishment of a Board of Medical Examiners, and recommended the addition of several standing committees to those already regularly appointed by the society. The address was referred to the Committee on Publication with instructions to print the same and a special committee was appointed to consider and report upon the suggestions of the President. An invitation was then extended to such of the members as chose to go to the Insane Asylum that afternoon at four and to such as could not go then to go at the same hour on Thursday.

Dr. Hanna read an interesting paper, as a member of sub-committee on Diseases of Children. Little medicine, careful attention to nutrition, close study of the physiology of child life, were the salient points.

A well written memorial of the late Dr. P. V. Schenck was here presented by the special committee appointed for the purpose. This was adopted by a standing vote and was ordered spread upon the minutes and a copy sent the family.

Dr. Wilson's paper on "Typhoid Fever" was next read. The doctor does not favor the germ theory and is opposed to direct antipyretic treatment inasmuch as the evolution of heat is an essential feature of the zymotic process. He believes that any attempt to prevent elevation of temperature prolongs the course of the disease and increases the dangers of enteric lesions. He depended largely upon the use of alcohol and opium, seeking their influ-

ence upon the nervous system.

Dr. Allen, of Liberty, noted the fact that the typhoid fevers of this climate are apt to present some malarial complications and to lack some of the prominent characteristics of typhoid as described in the books.

In his opinion the most important indication for treatment was to keep down the temperature. He did not favor the dependence upon alcohol and opium, though he admitted that alcoholic stimulants were of service at times. He thought a good many physicians erred in failing to administer digitalis. He habitually gives that, commencing generally in the first week before there is any evidence of heart failure. He would give quinine sparingly on account of tendency to produce anemia of the brain. He also used a partial cold pack, applications to the anterior surface of the trunk, when the temperature was unusually elevated.

Dr. Dewey spoke strongly against the use of quinine in typhoid fever.

Dr. Ricord thought alcohol beneficial in certain stages. He did not favor the practice of giving quinine in antipyretic doses. In a number of severe cases in which he had used the large doses of quinine he was convinced that the course of the disease had been protracted from one to three weeks. He now relied upon a strict milk diet, giving little or no medicine.

Dr. Fitzgerald thought that he had lost some patients as the direct result of administering quinine in large doses according to the instructions in Ziemssen's Encyclopedia. He now makes use of "the cooling bath," putting the patient into a bath at 100° F. and allowing the water to cool down for ten to twenty minutes. He would rather not give any opium, but would give milk fully and constantly, peptonizing it if necessary.

Dr. Hanna aimed to save the strength of the patient as much as possible and to give nourishment to the extent of capacity to digest and would give alcohol commencing early in the disease.

Dr. Stringfellow favored the use of salicylic acid in antipyretic doses believing it efficient and valuable.

Wednesday afternoon at the opening of the session Dr. C. Lester Hall offered a resolution to select a permanent place of holding the regular annual meetings, instead of holding them in different cities each year. He suggested Sweet Springs as being a convenient and central point. Dr. C. A. Thompson expressed a preference for his own home, Jefferson City. After a little discussion the matter was laid over till the next annual meeting.

Dr. B. F. Hart, of Brownsville, read an able report on the results of the work of the "Committee on Collective Investigation of Disease" with reference to pneumonia in this state. The report shows evidence of much thorough work and called out a very animated discussion in which a large number of members took part.

Governor Marmaduke entered the hall at this time and made a brief address to the Association.

Dr. E. M. Nelson made a few minutes' speech and introduced a resolution rqeuesting the Committee on State Medicine to prepare two bills to be discussed at the next annual meeting of the Association with a view to recommending their enactment by the following state legislature. One of these bills should provide for the establishment of a state institution for the care and education of idiotic or feeble-minded children; the other should provide for a central insane asylum for the care of the chronic, incurable insane, thus relieving the over-crowded institutions already established and permitting more systematic classification and efficient curative treatment. This resolution was unanimously adopted.

Dr. A. J. Steele, of St. Louis, Sub-Committee on Orthopedic Surgery, read a paper on the "Treatment of Club-Foot" and exhibited apparatus of his own devising which he had found serviceable in the treatment of such cases.

Dr. R. M. Funkhouser, of St. Louis, then read a paper on "Determination of Sex," setting forth the results of extensive series of experiments on dogs, rabbits and fowls by which he claims to have demonstrated that sex is determined by the testicles, sperm from the right testicle producing males and that from the left producing females.

Observations reported by other physicians in discussing this paper would seem to show that the rule laid down by the essayist has some limitations, to say the least.

At the evening session a motion which had been made by Dr. A. J. Steele just before adjournment of the afternoon session was called up, and it was decided to hold the next session of the Association in St. Louis at 10 a. m., of Monday, immediately preceding the day of assembling of the American Medical Association.

Dr. Brooks, of Carthage, read a paper on "Injuries of the Great-Joints," relating a considerable number of cases and describing his method of treatment.

This paper was one of much interest, and the discussion by Drs. Prewitt, Brent and Hunt emphasized its valuable points.

On motion of Dr. Hurt, of St. Louis, the rules were suspended and the Society went into an election of officers. Several names were presented as candidates for the presidency.

The first ballot stood: Catlett, 25; Jackson, 25; Prewitt, 11; Sloan, 4; Hall, 1; Geiger, 1; Brent, 1; Thompsen 6. The three lowest names on the list being dropped, the second ballot stood: Catlett, 31; Jackson, 29; Prewitt, 21. It was not till the fifth ballot that a majority of 12 was secured by Dr. Catlett, of St. Joseph.

The Association then adjourned to the Pacific House, where a banquet had been provided by the local profession and other prominent citizens. The governor, mayor and other dignitaries and a number of ladies were present and added pleasure to the occasion. After doing ample justice to the creature-comforts provided, a number of toasts and responses were offered, most of them in good taste, some a little labored and tedious, but all well received.

Ex-mayor Postgate made the happiest hit of the evening in responding for "The Press," making reference to the cider-press, the hay-press, the cotton-press, the press-of-woman's lips, the press-of-baby's-lips and last the newspaper-press.

Thursday morning a matter of considerable importance came up with regard to the constitutionality of certain amendments that had been adopted, and after some discussion was referred to a committee for investigation.

The Committee on Nominations was then called on and reported the following nominations for the various offices: Vice-Presidents, C. A. Todd, St. Louis; J. W. Brent, Tipton; J. W. Jackson, Kansas City; D. H. Shields, Hannibal; R. N. Dewey, Keytesville. Recording Secretaries, J. H. Thompson, Kansas City; J. C. Mulhall, St. Louis. Corresponding Secretary, R. F. Brooks, Carthage; Treasurer, C. A. Thompson, Jefferson City.

The report was adopted and the officers were declared elected.

Dr. W. F. Walker, of Mexico, read a "Report on Surgery," giving an exhaustive resume of the literature in this department during the past year.

Drs. Prewitt, of St. Louis, and Priest, of Pisgah, discussed the paper at some length.

Dr. Lutz, of St. Louis, offered the following resolution:

"That it is the opinion of the Missouri State Medical Society that all local medical associations should demand a more strict observance of the code of ethics of the American Medical Association."

After some discussion and amendment so as to include "district societies" the resolution was adopted.

One month was granted to the president in which to appoint his committees.

The committee on publication was instructed to print in the volume of transactions the constitution and by-laws.

Dr. Shields, of Hannibal, chairman of the committee on state medicine, made a report on the course of medical legislation last winter. There existed in the legislature a bitter opposition to the personnel of the Board of Health as constituted under Governor Crittenden's appointments and no less than five bills looking to the repeal of the law creating the Board of Health were introduced, but failed of passage. The committee of which he was a member prepared and introduced a bill making an appropriation of $10,000 for the use of the Board of Health during the two following years. This appropriation was defeated and now there was a State Board of Health without any funds at its disposal and the terms of office of four of its members expiring July 1, next.

He condemned the profession of the state for the lack of interest which had been manifested and depicted in glowing terms the condition of our state without any adequate protection and regulation when surrounded by states in each of which efficient laws have been enacted and are being enforced.

In closing his report he offered the following resolution: Whereas, the thirty-third general assembly in its wisdom, based on a prejudice against individual members of the State Board of Health, failed to make an appropriation for the maintenance of said board, thus jeopardizing the utility of our practice and health laws; therefore be it.

Resolved, That this society respectfully request the Governor to keep the board intact by filling all vacancies on said board as they may occur.

The resolution was adopted and a vote of thanks to Dr. Shields for his work was passed.

A report of a case of ovariotomy by Dr. Heddens was read by title, also a report on progress in gynecology by Dr. Chesney, both these gentlemen being residents of St. Joseph.

Dr. F. A. Simmons, of St. Joseph, then reported "Three Cases of Addison's Disease" and quite an animated discussion was elicited.

The special committee appointed for that purpose then escorted the President-elect, Dr. G. C. Catlett, to the platform. Dr. Middle-

kamp, in a brief and apt speech presented him with the gavel as the emblem of office, and with thanks to the Society for the honor conferred upon him in placing him in the chair during the past year, resigned the position to his successor, who on his part made a fitting rejoinder.

Customary votes of thanks were passed; hospitable invitations tendered and accepted and at 12:30 the Association adjourned.

STATE BOARD OF HEALTH OF ILLINOIS.

At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16 and 17, the Secretary in his usual report stated that fewer certificates entitling to practice in the State have been issued to physicians during the past quarter than during any corresponding period in the history of the Board: To graduates upon diplomas from medical colleges in good standing, 116, and to 2 others upon examination in branches omitted by the respective colleges; also 2 to non-graduates upon proof of over seventeen years' practice in the State. There were 22 applications for certificates rejected through failure to comply wiith the requirements of the Board,—which is also less than the usual proportion of such cases.

Medical Education.

As it is during this quarter that new graduates in medicine begin to appear, their applications have been watched with more than usual interest at this time, as affording some clue to the effect of the new schedule of requirements.

Although 78 medical colleges out of the 116 in the United States, claim to have exacted, at their last session, a preliminary-education requirement as a condition of matriculation, the evidence afforded by the applications thus far received goes to show that in too many cases the standard of such education must be very low.

From the graduates of one college, which announces that a preliminary examination will be held in accordance with the rules of the State Boards, five out of the seven applications received contain such intrinsic proof of defective preliminary education, that they were presented to the Board.

[The following is a verbatim copy of a typical specimen of the applications submitted:

I send to you my Diploma for your approval the degrees Doctor of Medicine was confered upon me at the .....annual Commencement of the .....held on Teusday, Mar the.....1885. you will pleas return as soon as possiabl and oblige. Enclosed you will find the fee for regestration. Yours truly

P.S. if the fee is not sufficient I will forward the balance if you notify me by card I understood the fee was one doller.

I presume the enclosed Papers will be all that will be requierd. return Diploma to Me at..... Illinois.....co.

In another case the first letter, dated March 9, contained a request for a blank affidavit, which was, of course, immediately forwarded. The signature to the affidavit, received March 14, was so evidently not by the writer of the first letter—which was unexceptionable in every respect—that some delay occurred, pending inquiry. Under date of March 30, the applicant, in a handwriting differing both from that of the letter of March 9 and from the signature to the affidavit, writes:

I send you my Deploma today by Expr. and letters of recommendation. I sent fee and affidavit Bout three weeks since. I would like to know at once whether or not to expect a Certificate you will Pleas return Deploma by Exp.

It is possible that this young gentleman—who, by the way, states that his school of practice is "Alapathy"—passed his entrance-examination as he conducts his correspondence—that is, by proxy.

There is other evidence—some in the form of direct charges by rival schools, some by the students themselves—that the entrance-examination is, in many cases, a mere form. Colleges which, on inquiry, claim to exact proof of general fitness and capacity for the study of medicine, evade the spirit and intent of the requirement in a variety of ways. In some instance it is announced that the examination is confined to applicants who intend to practice in the States in which such examination is made a test of the good standing of a college. In other cases the requirement is entirely omitted from the college announcement, but graduates intending to practice in the States just described are furnished special certificates, setting forth that they have undergone the preliminaryexamination demanded. Still another form of evasion consists in announcing that a preliminary examination is exacted, but coupling this announcement with a long list of equivalents which will be accepted in lieu of such examination, beginning with the diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate (the only substitutes which the Board accepts), and ending with a "special arrangement" whereby the certificate of a preceptor is accepted as sufficient evidence.

It is not to be inferred, however, that there has been no gain or improvement in the standard and methods of medical education since this schedule of minimum requirements was first published. On the contrary, probably all has been accom-

plished that could have been reasonably expected. But these illustrations will indicate the scope and methods of the antagonism aroused by a measure of improvement, the first effect of which results in diminished classes and loss of income—an antagonism of many institutions of medical education. They also serve to show the necessity for further earnest and continued effort.

In this direction it is suggested that one of the tests of the good standing of a medical college, for the purposes of the Medical-Practice Act in this State, should be its honest and unequivocal statement, in annual announcement and elsewhere, of the requirements for admission to its lecture-classes, and an honorable and impartial enforcement of such requirements.

To secure the recognition of its diplomas in this State—as in good standing—every college should distinctly announce that the conditions of admission to its classes are:

1. Credible certificates of good moral character.

2. Evidence of the possession of a good English education, including mathematics, English composition and elementary physics, or natural philosophy—such evidence to be furnished, in the absence of a diploma or certificate of graduation from a good literary and scientific college or high school or a first-grade teacher's certificate, by a thorough examination in the branches of such education. While this is the minimum, as to preliminary education, which should be distinctly specified and impartially exacted, it does not preclude colleges from making other requirements as conditions of admission to their lecture classes.

The Secretary also suggests that the affidavit now required by law, as to the lawful possession of a diploma, may be properly modified so as to include the information necessary to aid the Board in deciding whether such diploma was issued by a legally-chartered medical institution in good standing, as the third section of the Medical-Practice Act requires it to be—such modification to consist, substantially, in striking out the words "said institution," with which the declaration ends in the affidavit now in use, and substituting therefor the words "a legally-chartered medical institution in good standing, as defined by the Illinois State Board of Health, in its Schedule of Requirements printed on the back hereof." A foot-note on the face of the affidavit should call the especial attention of the affiant to the import of this declaration.

The law specifically requires that applicants for certificates shall furnish this proof—proof not merely that their diplomas are from legally-chartered medical institutions, but that they are from such institutions, "in good standing." Obviously, the graduate of a given institution is a competent, if not the best, witness as the qualifications exacted of him before he received its diploma. And since these qualifications go to the essence of the question as to the standing of the institution, it is submitted that the Board should avail itself of this form of proof.

Acting upon these suggestions the Board subsequently during the meeting adopted the following resolution concerning medical education:

WHEREAS, Many medical colleges do publicly announce that an entrance examination of candidates for admission to their lecture courses will be exacted, and do honestly and impartially enforce such examination; while, on the other hand, a number of schools either avoid making such announcement, or evade the practical enforcement of any requirement of general education preliminary to the study of medicine; and

WHEREAS, These conflicting practices result in lowering the standard of medical education by attracting to a certain class of schools students who are poorly prepared for the study of medicine: Therefore, be it

Resolved, That in order to secure the recognition of its diplomas as in good standing for the purposes of the Medical-Practice Act in this State, it is necessary that each college shall distinctly state in its annual announcement that the conditions of admission to its classes are:

1. Credible certificates of good moral character.

2. Diploma of graduation from a good literary and scientific college or high school, or a first grade teacher's certificate, Or, lacking this, a thorough examination in branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

Resolved, That the Secretary of the Board be, and hereby is, instructed to furnish a copy of the foregoing preamble and resolutions to the Dean and Secretary of every medical college, and to the editors of medical journals in the United States.

On motion of Dr. Mackenzie it was also

Resolved, That, since the publication of the names and addresses of matricuiates is desirable for purposes of informafion, the Secretary be authorized to request of all colleges desirous of being accounted in good standing in this State, that they publish in their successive annual announcements complete lists of the matriculates, as well as of the graduates, of each preceding session.

CORRESPONDENCE.

PHILADELPHIA LETTER.

Editor Review: During the past five weeks there has been raging in the town of Plymouth, an epidemic, the nature and origin of which seemed to be involved in much obscurity. Plymouth is about one hundred miles from Philadelphia and located on the banks of the Susquehanna in the coal regions of Pennsylvania. The epidemic assumed such proportions and the need of the people became so great that last week a committee consisting of Drs. E. O. Shakespeare and M. S. French, of Philadelphia, was sent to the

town to determine, if possible, the cause of the trouble and to devise some measures to control it.

They made a thorough examination of the surroundings of the town and performed a number of autopsies, finding in every case the well marked lesions of typhoid fever. Up to this time some of the local physicians had regarded the malady as a severe form of malarial fever.

At a meeting of the Philadelphia County Medical Society held May 13, Drs. Shakespeare and French made the following report of the result of their investigation, which will probably prove of interest to readers of the REVIEW as it illustrates in a marked manner the necessity for the utmost care in the disposal of the dejecta of patients suffering with this disease:

The town of Plymouth nine months out of the twelve is supplied with water from a mountain stream, and during seasons of drought, occurring usually three months in the year, water from the Susquehanna is pumped directly into the mains at the lower portion of the town.

In consequence of the frozen condition of all the streams in that portion of the country surrounding Plymouth, about the 20th of last March the usual mountain source of water supply became inadequate and, therefore, the pump water company began on that date to pump water directly into the mains in the lower streets of the town from the Susquehanna, while the upper streets on the hillside were still supplied from the reservoirs of the mountain stream. The pumping from the river continued until the evening of the 26th, when a sudden thaw, accompanied by slight rains again filled the reservoirs.

During the period of pumping from the Susquehanna the water in that river was lower than it had been at any time for years, and the surface was frozen tight. The city of Wilkes-Barre, containg 30,000 inhabitants, delivers its sewage directly into the Susquehanna, the mouth of the lower sewer emptying only two miles above the Plymouth pumping station, while the current is very rapid between the two towns. The water is further contaminated by refuse water from five or six mines, as well as by the garbage from the abbatoirs at Wilkes-Barre. Notwithstanding this unusually filthy condition of the Susquehanna water, it is beyond question entirely innocent of causing the epidemic, for the following and other reasons:

A section of the town supplied exclusively by the Susquehanna waters and by a few wells, containing a population of 800, is entirely free from the disease, except in the cases of eight persons, each of whom, previous to their attacks, had been in the habit of going into the town and drinking the mountain water. In other porions of the town the extent of the disease was in direct ratio to the amount of mountain water used.

The lower portion of the town was principally supplied with the river water during the time of the pumping, while the upper portion at the same time received the greatest supply of mountain water. The ratio of sickness is two cases in the upper portion to one in the lower, the latter being partly supplied from the reservoir.

The mountain stream has four reservoirs, the lower one distributing water throughout the town. The water in all the reservoirs was nearly exhausted at the time of the pumping and they were also frozen. The mountain stream is a small one, running down over a rocky bed, and on a declivity not eighty feet from its bed a dwelling is situated, wherein during January, February and March was located a case of typhoid fever that is only now convalescent, the worst period of the case being about the 26th of March. The attending nurse was in the habit during each night of carrying the excreta from the patient and depositing it on the ground towards the stream. The ground during all this time was frozen and covered with snow, until the thaw and rain already alluded to occurred. The poisonous character of the deposit is not destroyed by being frozen, but is only kept in a state of hibernation. A great part was suddenly swept into the rapidly running stream and reached the lower reservoir as quickly as a man walking fast could have arrived there.

In ten days from this time the epidemic began, fifty cases occurring daily between the 5th and 15th of April. For the first three weeks the few people in town who used well water exclusively escaped the disease. The period of incubation varies between ten and twenty days, and therefore no other conclusion can be arrived at than that this infective poison existed in the mountain water and originated from the one case of fever in the house on the side of the stream.

At first, those who used water from the wells of the town escaped the disease, but it is now found that the new cases developed in those who used the well-water. This is readily explained by an inspection of the surroundings. In many cases the excreta from patients suffering with the disease were deposited within five or ten feet of the well and in this way the water became a source of poison.

A hospital has been established for the care of the sick and every possible precaution is being taken to stamp out the disease.

W. H. M.

—Potassium Bromide in Laryngismus Stridulus.—Professor Widœrhofer obtains the best of results from gr. 4 to gr. 8 twice daily in this obstinate complication of rickets.—P. M. & S. J.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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A MODIFIED METHOD OF STAINING THE BACILLUS TUBERCULOSIS.—According to the Deutsche Militair-Aerztliche Zeitung the following method of staining the bacillus is taught the medical officers of the army in the courses of instruction at Bonn.

1. A whitish particle is selected from the sputum and spread in a thin film between two covering-glasses; these are then separated and the films are allowed to dry.

2. Aniline-water is prepared as follows: A test-tube is half filled with water and so much aniline-oil added as will just fill the concave bottom of the tube. This mixture is vigorously shaken and filtered through a moist filter. A quantity of this filtrum is poured into a watch-glass and thereto are added eight to ten drops of a concentrated alcoholic solution of fuchsin or of methylviolett or gentiana-violett.

3. The dry film of sputum is then drawn through an alcohol-flame, the glass being held by forceps, about four times with moderate velocity. The glass is then floated film-side down upon the solution above described. This is heated to a point of heat at which steam-vapor is liberated for about half a minute.

4. The specimen is then washed in water and immersed in muriate of alcohol (one part of chemically pure muriatic acid to one-hundred parts of 90 per cent alcohol) for one-half to one minute.

5. The specimen is then again washed in water and after becoming dry may be mounted in glycerine or Canada-balsam. The bacilli alone are stained. By way of contrast the ground may be stained with an aqueous solution of malachit-green if fuchsin has been employed, or with Bismarck-brown (vesuvin) if a violet dye has been employed. Then after washing and drying the specimen may be mounted as above described.

An amplification of 400-500 is sufficient for examination. No immersion-lens or Abbés condensor is needed. The advantage of the method over that of Ehrlich consists in the substitution of muriate of alcohol for nitric acid.

A much simpler method that we have tried repeatedly and have found to work satisfactorily is that of Baumgarten, of Kœnigsberg, described in Birch-Hirschfeld's Pathological Anatomy.

The dry film, prepared as above shown, is stained by an alcoholic solution of methyl-blue; after washing in water the preparation is immersed in Liquor Kali caustici. Thereby the bacilli of tuberculosis are instantaneously decolorized; all other micro-organisms and the ground remain stained. The specific bacilli appear as hyaline rods.

BURSTING OF AN ECHINOCOCCUS OF THE LIVER INTO THE LUNG.—The Berlin correspondent of the British Medical Journal writes:

Professor Leyden demonstrated the following interesting case at the last sitting of the Berlin Society for Medicine. A woman, aged 24, a patient in the Berlin Charité Hospital, discharged, in the course of twenty-four hours, a quarter of a litre of yellow sputum, having the consistence of common pus. She asserted that she belonged to a healthy family, and that five wesks ago, she had been attacked with violent fever and shivering alternately, and a few days afterwards suddenly had a fit of coughing, when she vomited the above-mentioned mass, which had a bitter taste. At first, he thought that this was a case of abscess of the lungs.

Crystals were found in the sputum, the quantity of which, as well as the statement of the patient that the vomit had a bitter taste, suggested to him that they were perhaps crystals of bilirubin, and that this peculiar vomit was due to a bursting of an echinococcus of the liver into the lung. Abscesses bursting from the liver into the lungs contain a considerable number of crystals of bilirubin; and Virchow has shown that the hollow walls of echinococcus-sacs, surrounded by liver-tissue, are lined with large numbers of these crystals. In a former case, in which echinococci from the liver had been vomited through the lungs, together with pus, Leyden had found a large number of crystals of bilirubin. After several days' investigation, he succeeded in recognizing the characteristic stratification of the echinococci-membranes in three large and a few smaller shreds that he found in the yellow purulent sputum; and, by the aid of nitric acid, he produced the modification in color in these membranes which is proper to crystals of bilirubin. The diagnosis was thus arrived at; it was a case of the bursting of a suppurating echinococcus-cyst of the liver into the right lung. The course of the disease was favorable.

Cerebral Tumor.—At the Pathological Society of London Dr. Charlewood Turner showed specimens from a case of tumor of the fourth ventricle. The patient was a girl, aged 15, who had suffered from symptoms of cerebral tumor for nine months, and had been amaurotic two months. She suffered from vomiting and headache, and pains in the left leg and side. She had double optic neuritis. The pupils were widely dilated, but active. There was slight paresis on the left side, but no loss of sensation. The deep reflexes were absent; the superficial reflexes active. The intelligence was unaffected. She died in a few hours after an epileptiform attack, preceded by left facial paralysis. A soft sarcomatous growth was found filling up the fourth ventricle, from the walls of which it appeared to have grown; it invaded the cerebullum and medulla oblongata. There were nodules of growth on the posterior surface of the cord. Microscopic examination showed much exudation in the posterior columns of the cord. The dissemination of the growth in this and in other reported cases, with other facts, was regarded as indicating the greater liability of the spinal membrane to become the seat of lesions on the posterior surface of the cord; and the limitation of the spinal lesion to the posterior column in this case, and in a card specimen of early sclerosis of the same columns, was regarded as illustrating a special liability of these columns of the cord to be the seat of pathological lesions. In this way was to be found the explanation of the frequency of locomotor ataxy as compared with symptoms referable to primary lesion of other tracts in the cord. The occurrence of cases where characteristic symptoms of locomotor ataxy were independent of spinal lesion was not inconsistent with the general conclusion, but showed that the symptoms were not essentially spinal.

Tar-Cancer.—At a late meeting of the Academy of Medicine in Ireland Dr. Ball read a paper on cases of cutaneous epithelioma occurring amongst the operatives at a tar-distillery. The first case came under notice four years ago, when Dr. Ball removed the front of the scrotum for an epithelioma, which had been preceded by a hard horny wart. A recurrence took place at the side of the scrotum, not involving the operation-cicatrix; this was extirpated two years ago, and since then the patient had remained well. The second case was that of an old man, about 80 years of age, who had an extensive epitheliomatous ulcer on the back of the left hand, which had originated in a wart five or six years previously. On the back of the right hand, and for a distance of about two inches above the wrist, there were numerous hard horny warts; and similar growths were present on the forehead and nose, although none existed on the parts of the body covered by clothing. The forearm was amputated; but recurrence took place within a few

months afterwards, the lymphatic vessels of the extremity being more obviously implicated than the glands. In addition to the two cases, Mr. Story had brought forward a case of epithelioma of the eyelids in a man who had been engaged at the same occupation. From inquiries made at the works, Dr. Ball learned that two others of the operatives had recently been somewhat similarly affected. One had an ulcerated wart on his nose, which had been destroyed by caustic, the cicatrix being still present; and another was stated to have had a large sore cut out of his face, but it was found impossible to trace this case. The close resemblance between these cases and the soot-cancer of Pott indicated that, like it, they owed their origin to long continued irritation, in fact, it was quite possible that the active chemical agent was identical in both instances.

Gastro-Enterostomy.—The British Medical Journal has the following interesting notes:

The first instance of this operation in this country has occurred recently in the practice of Mr. Reeves. The operation has been undertaken for cancer of the pylorus and pyloric end of the stomach, and its object is to open the stomach and a portion of the small intestine high up (lower part of duodenum, or upper portion of jejunum), and to join them. Mr. Reeves' patient was a woman aged 40, suffering from a tumor which could be felt at the right of the umbilicus. Her stomach was considerably dilated, forming a dullish tumor over the greater part of the left side of the abdomen. As there was constant vomiting, and as her strength was rapidly diminishing, an exploratory operation, with the view to pylorectomy, if found possible, dilatation of the pylorus if the obstruction were fibrous, or gastro-enterostomy, was after consultation, decided on. An incision, two inches and a half long, commencing just below the umbilicus was made, and the dilated stomach was at once exposed. Finding that the disease was extensive, the pylorus being fixed, and the lymphatic glands involved, pylorectomy was abandoned, and, on account of the risk of extravasation of the contents of the stomach, it was decided to do the operation in two stages. The stomach was fixed to the abdominal wall, and the wound closed. On the eighth day the wound was opened, the upper part of the jejunum was pulled into position, and, after the peritoneal cavity had been carefully protected, the stomach and jejunum were opened in corresponding directions and well stitched together. The patient succumbed on the night of the ninth day. Full details of the case, which presents several points of interest, will be published.

Further Remarks on Comma-Bacilli.—The subjoined is from the pen of E. Klein, who is the most distinguished mycologist that denies the pathogenic character of the comma-bacillus of Koch. The experiments of Professor Horsley are certainly novel and of important bearing.

"I propose to describe here some observations with regard to comma-bacilli, which seem to me to definitely settle the question as to the relation of Koch's comma-bacilli to cholera. The experiments are not yet concluded, but the results already obtained are of sufficient importance to be made known. Having ascertained that the comma-bacilli do not, in any anatomical sense, bear that definite relation to cholera that is claimed for them by Koch, and that they occur only in dead tissues (the contents of the ileum in cholera cases), it seemed to me probable that their presence in numbers in the cavity of the lower ileum in cholera, is due to the peculiar condition of the intestine; that is to say, that they are the result and not the cause of disease. An assumption of this kind would of course imply that the comma-bacilli are already present in the normal state, but not finding, in this state, the conditions favorable for their growth and multiplication, remain limited in numbers. Now, it will be said that, if such be the case, then it ought to be possible to demonstrate their presence in the normal state. No doubt this would be a di-

rect and conclusive proof, but short consideration will show that it is of a kind which is practically impossible to give.

As is now well-known, Koch's comma-bacilli possess definite characters when growing in nutritive gelatine, by which they can be isolated and recognized. For this purpose we now, after Koch, inoculate a certain quantity of liquefied (by gentle warmth) nutritive gelatine, with a trace of the material containing, besides other bacteria, the comma-bacilli, then mix it well up, and pour the gelatine out on plates or flat glass dishes, kept in a moist chamber at the ordinary temperature (between 16° and 22° Cent.) After several days, there appear the characteristic colonies of the comma-bacilli, now so well-known and so often described by Koch and his pupils that is not necessary to redescribe them. Another method of Koch, which is nearly, if not quite so useful, is this: dip the point of a needle into the fluid to be tested, and then draw it in lines over the nutritive gelatine, which has been previously allowed to set on glass plates or glass dishes, and then keep these as in the former case.

Unless only a trace be used for inoculation, the result is unfavorable, since too many common putrefactive bacteria are introduced, and these, by more rapid growth, soon crowd the gelatine, and the comma-bacilli that had been introduced have no chance of developing.

When one has to deal with mucous flakes of an acute typical case of cholera, in which the comma-bacilli are sometimes present in great numbers, these methods work satisfactorily. But, supposing we have to deal with a bacterial mixture, in which the comma-bacilli are present in exceedingly small numbers, then it will be found, from what has just been stated, that their isolation by culture is exceedingly difficult, and, in many instances, practically impossible. I have found this to be the case in some cholera cases, where the comma-bacilli were present in very small numbers, besides numerous putrefactive bacteria. But I have more direct proof; I have repeated several times the following experiment. To 200 cubic centimetres of a bacterial fluid, for example, normal human fecal matter distributed in water, crowded with all kinds of common putrefactive bacteria, micrococcus, bacterium, bacillus, etc., is added a drop of choleraic comma-bacilli (that is, many thousands), taken from a pure cultivation of these bacilli in nutritive gelatine; and then the attempt is made to demonstrate these comma-bacilli in the mixture, by microscopic examination and by cultivation on gelatine plates. For this purpose, a number of cover-glass specimens, after the Weigert-Koch method (that is, drying a thin film of the bacterial fluid on the cover-glass, and then staining it with aniline dyes), and a large number of cultivations on gelatine-plates are made, but I have not been able to discover the comma-bacilli. I have, in this way, made dozens of cover-glass specimens; I have established dozens of cultivations on gelatine-plates, but I have not been able to demonstrate the presence of the comma-bacilli. Theoretically, of course, this ought to be possible; but, as a matter of general practice, it is not so, considering that for the cover-glass specimens, and still more for the cultivations on gelatine plates, only a trace of the bacterial mixture can be used.

But the solution of the problem might be attempted in another way. Let us suppose that the comma-bacilli—although present in the normal intestine, but in exceeding small numbers, too small to be capable of demonstration—require, for their appearance in numbers, that is, for a rapid multiplication, some pathological condition of the intestine, such for instance, as obtains in cholera, this condition being favorable for their growth and multiplication, perhaps more faorable to them than to the other bacteria. Now, if we could produce such a state of the intestine, and if hereby we could create those conditions favorable for the growth and multiplication of the comma-bacilli, then we might expect to find the comma-bacilli in numbers sufficiently great to demonstrate their presence with comparative facility, both by microscopic examination and by cultivation.

We do not know, it is true, beyond the anatomical facts,what the exact nature of the state of the intestine is in cholera, whether it is the result of the action of the virus on the secretory nerves of the intestine, or on the vaso-motor nerves, or directly on the tissue of the intestine; but I have attempted to produce a state which, in anatomical respects at any rate, resembles to a limited degreee that obtaining in cholera.

Professor Horsley, of the Brown Institution, has been kind enough to make for me the following experiments. In a monkey that had received a dose of castor-oil the previous evening, the abdomen was opened under the spray, the lower ileum was drawn out, one ligature was tied just above the ileo-cecal valve, another about two to four inches higher up; the large vessels of the mesenteric border were avoided as much as possible; into this loop a hypodermic syringe, full of a saturated solution of magnesium-sulphate, was injected; the ileum was replaced, the wound stitched up, a bandage was applied, and was covered with collodium. All instruments, threads, etc., had been previously well cleaned and disinfected. In this manner six monkeys were operated upon; in one instance the animal after the operation, received subcutaneously one grain of chloral-hydrate in two cubic centimetres of water. (See the Report of the Cholera Committee to the British Medical Association, 1874). One of the animals was dying the same evening, one was dying before three days were over, the others were killed after forty-eight hours.

Of the mucous contents of the loop of the ileum that had been tied, and before the injection of the magnesium-sulphate, a quantity had been withdrawn by means of a hypodermic syringe, and carefully examined for comma bacilli, but none could be found. In three of the animals killed after forty-eight hours, the tied loop was found, on post-mortem examination, to be much injected; its cavity contained a quantity of a brownish fluid, in which were suspended numerous mucus-flakes; the epithelium of the mucous membrane was in many places loosened or detached. In the contents were present undoubted comma-bacilli; particularly in one of the animals (the one that received subcutaneously after the operations one grain of chloral-hydrate) the comma-bacilli were present in large numbers—more numerous than I have seen them in some typical acute cases of cholera. In some fields of the microscope, I estimate their number at over 50 per cent of all the organisms present.

It is evident from this, that the pathological state of the intestine produced the condition favorable for the multiplication of the comma-bacilli, and that they are, therefore, the result and not the cause of the disease. The comma-bacilli appear as single commas, as double commas, either S-shaped or placed end to end, their curve in the same direction, and as short spirals. I am unable to distinguish them from the choleraic comma-bacilli, and they appear to be identical with the latter."

The Comma-Bacilli of the Mouth.—The British Medical Journal contains the following article by Professor W. D. Miller of Berlin: "The great interest which has of late been aroused by the comma-bacilli, and in particular by those of the mouth, appears to make desirable a more thorough discussion of the latter than has yet been published.

That curved bacilli, having an auger-like motion, are constantly present in the human mouth, has been known for years, some few even regarding them as the cause of caries dentium (Johnston's Dental Miscellany, 1879). The first attempt to account for them was made by W. D. Miller, in the Berichte der bot. Gesellschaft, 1883, page 224. Miller then was of the opinion that they were only segments of the common spirilla of the human mouth, as he had observed such spirilla, which showed a division into comma and S-shaped segments (see Fig 20 der Berichte);a viewwhich was at that time received with little favor, but which now might suggest itself to every one, after it has been abundantly proved that comma- and S-forms, and spirilla,

may be only different stages of development of one organism.

After the report of Dr. Koch on the comma-bacilli of cholera Asiatica, Professor Lewis pronounced the comma-bacillus of the mouth, which I shall call vibrio buccalis, to be identical with the former; and, since that time, hundreds have made repeated attempts to isolate this organism. Having been at work on the fungi of the human mouth for nearly five years, I at once turned my attention to the cultivation of comma-bacilli; and, after months of continual experimentation, with all possible culture-media, I had come to the conclusion, adopted by all others, except Dr. Klein, that the vibrio buccalis could not be cultivated on gelatine, or on any of the material now commonly in use. Later, however, I took up the matter again, and, in two cases, succeeded in isolating comma-bacilli. The material was obtained in both cases from unhealthy mouths, showing chronic pyorrhea alveolaris and hyperemia of the gums. The material swarmed with comma-bacilli and spirilla. In the first case, the isolation was accomplished in a very novel manner. Examining a hastily made dry preparation in water, I observed that a few of the comma-bacilli had not been killed by the staining process, and were moving about rapidly; while the many other forms in the specimen were deeply stained, and no doubt dead. I, therefore, had before me a pure culture of living comma-bacilli. After removing the cover-glass, I transferred the material to tubes of coagulated blood-serum, and, in twenty-four hours, had ten large colonies of beautiful comma-bacilli and spirilla, in pure culture. This process was repeated in other cases without success. In the second case, a small quantity of the material was placed in the centre of a flat drop of sterilized bouillon, and, in two or three minutes, tubes of blood-serum were inoculated from the edge of the drop. (The very active comma-bacilli soon distribute themselves throughout the drop, while most of the other forms remain in the middle.)

The bacillus or vibrio, obtained in these instances, grows very rapidly on culture-gelatine, whether neutral, slightly acid, or alkaline. If a small quantity of pure culture be taken into the mouth, the bacillus may be isolated again with the greatest ease.

This seems to necessitate the conclusion that this is not the well-known vibrio buccalis of the healthy mouth. It liquefies the culture-gelatine very rapidly, more so than the cholera-bacillus; and its colonies twenty-four hours old appear under the microscope perfectly round, greyish, and finely granular, with a sharp dark border. If cultivated on gelatine sufficiently acid to materially impede its growth, it forms a funnel-shaped depression in the culture-tube, through the evaporation of the slowly liquefying gelatine. The funnel also frequently appears in normal gelatine. The liquefied gelatine becomes equally cloudy throughout. In thirty-six hours, at 20° C., the gelatine in the second dilution is completely melted, and runs off the plate.

The form of the colonies, and the rapidity of growth, at once show that this organism is altogether different from the bacillus of cholera Asiatica.

In making plate-cultures, I have often met with a comma-bacillus different from the above. Whether it be an altogether different and new comma, or only a modification of the other, resulting from the action of the products of putrefaction in the old cultures, I am unable as yet to say.

The colony twenty-four hours old has a tinge of yellow, is not round and even, but has a very rough, uneven border; it appears to the naked eye three to four hours later as a white speck half a millimétre in diameter, lying in the bottom of a depression; the gelatine remains perfectly transparent. Even when, after forty-eight hours, the whole plate becomes liquefied, the colonies, as large as a very small pin-head, float about in the otherwise but slightly clouded gelatine. Cultivated in gelatine, the bacillus has only a very slight curvature, but on agar-agar it cannot be distinguished from the other comma-bacilli.

I have on previous occasions referred to two other micro-organisms in the human mouth which produce comma-shaped forms; one is non-mobile, and does not liquefy gelatine; the other is mobile, liquefies the gelatine, and, in its manner of growth on the plate and in the tube, is very similar to that of the comma-bacilli; it also grows out into wavy threads of various lengths, which, however, could hardly be called spirilla. It is very commonly present in the human mouth, and easily isolated; and in my many attempts to isolate the vibrio bucallis, I was, time and again, for a moment deceived, by the appearance of this organism, into thinking that I had really succeeded.

All these organisms, as well as the Finkler-Prior and the cheese-spirillum,are entirely different from Koch's bacillus, and the continual reference to them, even in medical journals,as an argument against Koch's theory is astonishing. Even more so is the statement frequently made, that this or that organism is in its reaction upon gelatine "very similar" to the bacillus of cholera Asiatica. It is not a question of similarity but of identity, and arguments like the one cited are only calculated to deceive.

Whether the comma-bacillus of Koch be or be not the cause of cholera Asiatica is not to be discussed here, but, if we wish to establish the identity of any organism with Koch's bacillus, it can only be done by showing that the morphology, method of growth, and action upon all the media commonly in use,are the same in the case of both,andeven then we should not be too hasty in pronouncing upon the identity. I have two micrococci from the mouth, which, in their morphology, their growth upon gelatine, potato, agar-agar, blood-serum, and in milk, are identical, but which still are not the same, since one produces a coloring matter, and the other not. Two organisms which grow exactly alike on gelatine may be the same, probably are; but to say that they certainly are the same is scarcely admissible, any more than it is to pronounce silver and mercury identical because the salts of both give a white precipitate with hydrochloric acid. It is only when a number of different reactions prove them to be the same, that we can begin to speak of identity. As for the statement of Dr. Klein, that it is an easy matter to isolate the vibrio buccalis, I am unable to reconcile it with the assertion of many others that this organism cannot be cultivated on gelatine; and I am anxious to know exactly how the isolation was accomplished how often, and from how many different mouths.

A Method of Discriminating Between Butterine and Pure Butter.—The following practical measure is given by John Horsley, in the Chemical News:

This method enables any one to put it into practice. Have ready two small but wide-mouthed glass test-tubes, about four inches high, with feet attached. Into one put a piece of butterine or oleomargarine (about the size of a hazel-nut), and cork this tube; next take one in each hand at the bottom; in ten minutes the butterine melts into a clear oily fluid by the mere heat of the blood (98° F.) Pure butter takes twice as long to melt as butterine, and even then is not so clear and oily as butterine, which is a noteworthy difference between them; this is the physical test. For the chemical test, after the tubes have stood to cool for a few minutes, pour on ether to about one-third of the tube, and cork well. Agitate the tubes—one in each hand—clasping them well. The butterine readily dissolves into a clear liquor, which the addition thereto of 20 or 30 drops of spirit of wine does not disturb or precipitate; but a similar experiment with pure butter produces a voluminous white precipitate. Hereby we can easily distinguish one from the other. Even butter adulterated with a portion of oleomargarine or butterine may be detected by a precipitate being formed.

Peroxide of Hydrogen in Aural Therapeutics.—Dr. Frank Allport, of Minneapolis, Minn., writes to the Medical Record that he has found the peroxide of hydrogen very serviceable in cleansing the middle ear pre-

paratory to an insufflation of boric acid, iodoform, and other antiseptic powders. This substance, $H_2 O_2$, is a combination of so unstable a character that it readily decomposes, liberating one atom of hydrogen upon contact with various substances, pus among the number. The oxygen thus liberated is in a nascent condition and very active, and will force pus to escape in the form of bubbles from any cavity in which it may be confined. Dr. Allport first employed peroxide of hydrogen to cleanse the exposed mastoid cells after an operation, and was so pleased with its action in this case that he commenced using it in chronic suppuration of the middle ear. His method of employing the agent is very simple. The meatus is first wiped out with cotton, and then a small quantity of the peroxide is instilled and allowed to remain for a minute or two, during which time the pus will escape bubling from the meatus. The canal is now cleansed again and a further instillation of the peroxide is made. The process is repeated until no effervescence is noticed, which is usually after the second application. The parts are then thoroughly dried and insufflation is made. When the opening in the membrana tympani is so small as to render it difficult for the fluid to enter, a middle-ear syringe is used,and two or three drops passed into the tympanum. Dr. Alport states that the success attending this mode of treament in his hands has been very gratifying. In order to obtain the best results the peroxide of hydrogen must be fresh. After standing a few weeks it loses much of its strength, and it should be kept in a colored bottle, away from the light and in a cool place.

The Diagnosis of Submersion During Life or after Death.—The Paris correspondent of the London Lancet (Medical Record) writes that, struck with the divergence of opinion among authors as to the diagnosis of submersion having taken place during life or after death, Dr. Bougier made a new study of the subject. From experiments and autopsies at the morgue, he formulates the following conclusions:

1. The exterior aspect of the body is about the same in both cases, that is, when the body has been submerged before or after death; the appearance of moss on the body would be of some diagnostic value.

2. Water and foreign bodies penetrate into the air-passages and into the bronchial tubes of those submerged before, as well as those submerged after death; but in the latter the foreign bodies do not go beyond the fifth or sixth divisions of the bronchial tubes, and the liquid is arrested at the bronchi of medium size by the column of compressed air; whereas, in the submerged during life, it penetrates down to the small bronchial tubes.

3. The epiglottis is vertical in the submerged; it is only half open in the corpses immerged.

4. Water penetrates in a pretty large quantity to the stomach of the former, but never to that of the latter; and in making a comparative analysis of the liquid found in the bronchial tubes, one might arrive at a certain diagnosis.

5. The same is the case with the middle ear.

6. The characteristic moss is found only in the submerged.

7. If the fluidity of the blood exists in certain cases of poisoning by opium, it is easy by the aid of the spectroscope, and by analysis, to form the diagnosis.

8. In putrefied corpses, all the signs have nearly disappeared, and the medical jurist can only draw conclusions by presumptions.

CONTRIBUTIONS.

A CASE OF RAPID LITHOTRITY.

BY S. C. PRICE, M. D., JOPLIN MO.

Read before the Southwest District Medical Society. Springfield Mo.

To say that the improvement made in lith otrity by Bigelow has brought this operation within the scope and province of every "country doctor,"would be putting it rather strongly perhaps; but that it has done much to extend the usefulness of the average practi-

tioner, in this direction is very certain, if he be a careful manipulator and has a little experience in genito-urinary diseases; and it has also robbed the removal of stone from the bladder of much of its night-mare of terrors.

As wisely recommended by Sir Henry Thompson, who is entitled to much credit for persistently advocating this operation in preference to that of lithotomy, in the face of theopposition of nearly all of the prominent English surgeons, it is one in which we should learn to make haste slowly. From what I observed in this my first operation, I can imagine why it is far better to take sufficient time and do all the work carefully than to attempt to work against time and run the risk of pinching the bladder or even slightly wounding the deep urethra by hurried manipulations.

Knowing the value of simple details to the general practitioner, I will try to give them so as to most benefit those, who like myself have not an opportunity to often see these cases; at the same time endeavoring not to make my paper lengthy by leaving statistics and comparative clinical history to those who desire to look them up in the books. I will first give my case and my deductions afterwards.

The patient,like many others of his class, had been the rounds of the doctors, sometimes able to work, at times worse, and had made one trip to St. Louis, there to fall into the hands of an advertising cure-all, (getting fleeced, of course), only to find the coveted improvement as much on the wrong side of the equation as his cash.

The symptoms on first coming to me were soon limited by the absence of albumen or sugar, excessive quantity of urine, or yet abnormality of specific gravity, and by the presence of pain in the kidneys, frequent micturation, with more or less burning pain and spasm of the neck of the bladder, a considerable quantity of muco-purulent sediment, but no blood in the urine, to one of two classes of cases, viz., pyelitis or stone, or both.

My first attempt at exploration was suddenly cut short by the excessive pain and soreness of the urethra as far as the introduction of a bougie could be borne.

I put the patient on preparatory treatment, a soothing diuretic, consisting of hydrangea, gelsemium and borate of soda; which was afterwards changed to fluid extract eucalyptus and pareira brava, with advantage. Used an ointment of belladonna, carbolic acid, and morphia in vaseline when necessary to insert soft catheter, and an injection similar for the urethral soreness. In a short time the bladder symptoms had so improved that an exploration was deferred for the present. But as the sediment still continued, although the pain in the kidneys was less troublesome, the presumption in favor of pyelitis still obtained.

Fearing probable strumous taint, I then put him on Phillip's emulsion, cod-liver oil, with gentian and iron. The improvement was marked and weight materiaily increased; but any exposure to cold or exertion would aggravate all symptoms, and after one of these exacerbations, I sounded for stone but without success. In a few days there was some blood in the urine and more pus, requiring the use of the catheter; and as he failed to pass the soft one, I passed a silver one, at once detecting a stone low down in the neck. To say that I was surprised, would hardly express it; for I had made a careful exploration, on every part of the bladder, with a steel bougie, and also a Simpson sound, bent at different angles, and also per rectum, assisted by Dr. Holliday of this city. However there was but one course to pursue--to operate. The patient was put for a few days on quinia, and the proper sized tubes and washing apparatus obtained of the latest Bigelow pattern. From the largest bougie I could pass without an anesthetic, a number ten Eng. I ordered a twelve or F. 22, tube, and on receiving the bottle with a 27 tube, I was fearful that it was too large; but was afterwards glad of it, for on stretching the meatus, at the time of operation, it passed readily, and its size materially aided in removing the fragments; The patient, E. Tobias, German, æt. 37, small stature, light complexion, had been suffering severely for the last few days with frequent attempts at micturation, always followed by intense burning pain and spasm, which had been complicated lately with tenesmus of rectum. He was rapidly growing weaker,and was prepared on February 26, by having bowels moved and ten grains quinia, given,three hours before the operation. He was placed in the operating chair at 11. A. M. and, assisted by Drs. C. C. Wheeler, and R. C. Holliday, I proceeded to introduce a silver catheter down to the prostate, into which I dropped a dozen drops of four per cent solution of muriate of cocaine. After about five minutes I made some effort to push on into the bladder, but still found tenderness. I repeated the dose and, letting the catheter remain,proceeded to etherize; found the patient resisting its effects, added some chloroform, making full

anesthesia in a little more than fifteen minutes.

My experience with contractions of the uterus under chloroform, and my observations of spasm of the bladder, in this case, led me to distrust the action of cocaine; so I prudently gave a one-third grain of morphia hypodermically, when the patient first took the chair; so its effect must be calculated in figuring the benefits of the cocaine. After first washing out the bladder, with warm borax water, "about a teaspoonful of powder to the quart," the lithotrite was introduced and the stone easily caught, but not so easily crushed; in fact, I soon found I had "caught a tartar". It measured full one and a quarter inches, in its shortest diameter. My efforts to crush, or grind into the substance were simply failures, and the force used was nearly as great as I could exert, and so great was the strain, that the rebound on releasing the screw was appalling; but happily the metal was good, and no flaws in it, or it would have certainly broken. I dropped the stone and was almost persuaded to give up in despair. I picked it up again and again, only to release it without any impression being made. I then grasped at any projections I could find, with better success; and after half a dozen or more trials, was rewarded by finding each piece give way; but not without a severe strain on the large ones. After a few washings, the returning sensitiveness of the bladder began to be manifest by severe spasm, so much so, as to hold the instument tightly in the grasp of the organ, or when washing to force the water out into the bulb of the washing bottle. I now had consumed two and one half hours and a final washing yielded only about two and one half drams of stone. The patient was allowed to come to, and was put to bed.

The general directions given by Packard in his American Holmes were followed and the patient rallied nicely, the temperature never going higher than 101.5°. The pulse was 120 for most of the night; but had run down to 92 at 9 o'clock the next morning, and temperature to 99°.

There was a steady improvement until the fourth day, when the fragments began to give so much trouble that I decided to make a second sitting. The anesthetic had caused so little disturbance I deemed its repetition less injurious than the irritation of the sharp fragments,so on March 3,the second operation was made, it being a repetition in all the details of the first, except in the yield.

So rapid was the fragmentation, and so successful the washing, that one and three-fourths hours yielded 596 grains; showing some signs of exhaustion, he was put to bed. The pulse, at 140, was somewhat reduced at 9 P. M., temperature 102.5°. The reaction was quite as rapid as after the first operation, although there was more depression from the anesthetic. He could retain his urine three hours, and had no spasm after voiding.

He was now having so much comfort that the third sitting was deferred until March 16. When in the chair I determined to test more fully the virtues of cocaine. The hypodermic was given as before and 3 drams of a four per cent solution injected into the bladder, after having first passed his urine. In twenty minutes I passed the bougie 16 Eng. with little pain; in a short time I passed the tube and washed out the bladder. Two crushings and one good washing were done without any other anesthetic, and the patient felt little inconvenience; but any further attempt at washing was futile, as the shock of expanding the bladder is much greater than that attending the crushing. Becoming satisfied with cocaine, and knowing the searching for the last fragments to be tedious work, ether was given and the operation finished in one and a half hours, yielding fully three-quarters of an ounce.

The reaction was good; but a little mishap on the part of one of the assistants, the removal of the canula, with a sharp fragment in the eye, lacerated the urethra, and caused bloody urine and urethral fever for three days, the temperature running up to 102.5° at night.

A week has now elapsed and the patient is sitting up, can retain his urine for six hours easily, and has very little burning after micturation, eats well, and in short, is on the high road to health.

The stone proves to be of the rare oxalate of lime variety, quite large, of seventeen year's standing,and hard as flint; total weight 1103 grains or 18⅔ drams.

NOTES.—I would use cocaine when operating to control spasm, and probably lessen the danger of cystitis; but do not think you can wash under it alone.

I shall hereafter be careful that there are no pieces in the eye of the canula on removing it.

In spite of Brodie's restrictions I found the lithotrite a good instrument to explore with.

I found turning the lithotrite on the side in the bas-fund the best method of grasping fragments. I would not turn the beak too far backward; and in washing I soon learned that I could get the fragments to enter only by pocketing the eye of the canula among them.

I crushed with from 4 to 6 ounces of water in the bladder and never turned on the power of the instrument until I had lifted the fragment and moved it clear in the expanse of water. I mention these points simply because they occur to me as not being made sufficiently plain in the books. Sir Henry Thompson gives one inch as the longest diameter of oxalate stone that any instrument will crush.

CLINICAL LECTURE.

ACUTE ARTICULAR RHEUMATISM, ETC.

A Clinical Lecture Delivered at Bellevue Hospital, New York.

BY AUSTIN FLINT, M. D.,

Prof. of Principles and Practice of Medicine in the Beellvue Hospital Medical College, New York.

REPORTED FOR THE REVIEW.

CASE I.—ACUTE ARTICULAR RHEUMATISM.

This boy, gentlemen, is suffering from an attack of articular rheumatism. In several points of view this disease is one of practical importance. In the first place it is a very distressing disease and it is important to diminish the suffering of the patient. Without going fully into the consideration of that disease it consists of a fever, that is, an increase of temperature varying in different cases, associated with an inflammatory condition of the different joints of the body, and the peculiar element of this arthritic inflammation is that it does not lead to suppuration. It may lead to more or less serious effusion into the joint and not infrequently the inflammation disappears without leaving any trace of its existence in a very short time. Another feature in this disease is the tendency in many cases for the local manifestation to pass from joint to joint, leaving certain joints in certain cases and going to other joints. It seems now to be clearly established that the disease depends upon or involves an accumulation of some constituent in the blood, which is supposed to be lactic acid. Although this is not sustained by the effect of certain treatment, yet there is no question but that the alkaline treatment moderates the intensity of the disease. There is a remedy which possesses a remarkable power in controlling this disease as regards its duration. Salicylic acid is this remedy but salicin, a neutral principle, is better tolerated. The use of salicylic acid in arresting the disease or shortening its duration does not do away with the importance of the administration of alkalies. The important event in the history of articular rheumatism is the liability to affection of the endocardium and pericardium—two affections of the heart which are apt to occur in connection with inflammatory rheumatism. Endocarditis is much more frequent than pericarditis. Pericarditis involves the danger of life, but endocarditis involves no danger of life.

In treating acute rheumatism therefore we should administer alkalies so as to render the urine alkaline. By so doing the probabilities are slight of the occurrence of endocarditis or pericarditis. This then always becomes an important part of the treatment.

Here the elbow and wrist-joints alone have been affected. The right elbow joint is tender to the touch and a little swollen. If this boy had endocarditis he would give us a systolic murmur over the heart confined mostly to the pericardium and not propagated beyond the pericardial region. We should be able to refer it to the mitral orifice. Render the urine alkaline as quickly as possible, which can be done in twenty-four hours by the administration of twenty to thirty grains of bicarbonate of soda every two or three hours.

This is continued in sufficient doses to maintain the alkalinity of the urine.

CASE II.—CHRONIC BRIGHT'S DISEASE AND CIRRHOSIS OF LIVER.

Now, gentlemen, I propose to open up this morning a very important subject, namely, Bright's disease or more properly Bright's diseases. In investigating the cases with reference to Bright's disease of course we examine the urine. For what do we examine the urine? First, for the presence of albumen, which is not a constituent of the normal urine. It is not accurate, however, to say that certain cases of Bright's disease are cases of albuminuria. Sometimes the addition of nitric acid causes the uric acid crystals to form very rapidly. We should also subject the same urine to the test of heat. The microscope gives us the evidence of casts. The casts may consist chiefly of epithelium, hyaline, bloody, and granular casts. If you find the presence of albumen we are not to base the conclusion of Bright's disease on that alone. We should ascertain the quantity of urine which the patient passes. We should take several days for the examination of the urine; we should also take the specific gravity of the urine. The specific gravity of the urine shows whether the kidneys are doing their normal work in the way of excretion. If the specific gravity is normal there is no danger of uremia. Suppose a patient

passes fifteen to twenty onnces of urine per diem, specific gravity 1010. Here the kidneys are not doing their work and the patient is in more or less danger of uremic symptoms.

The important points in the history of this patient are: Here is a man of fifty years of age who takes care of horses. He has been in the hospital about a year ago. He has been in the habit for a good many years of taking alcoholic stimulants every day for about ten to twenty years. For a good while after rising in the morning he does not feel right and he takes a "horn" before breakfast. He also takes a stimulant before dinner and supper. He came into the hospital a year ago with general dropsy—the limbs, abdomen and face contained an effusion of serum. There was a general anasarca.

On April 7, day of admission, he passed ten ounces of urine; the 8th, 22 ounces; the 9th, 14 ounces; the 10th, 28 ounces; the 11th, 36 ounces; the 12th, 30 ounces; the 13th, 44 ounces; the 14th, 50 ounces; the 15th, 58 ounces; the 16th, 52 ounces; the 17th, 55 ounces; the 19th, 68 ounces.

From that date from 64 to 98 ounces per day.

When he entered the hospital the general dropsy was very great. This increase of urine was brought about by remedies which cause an increased secretion on the part of the kidneys. Cathartics producing free watery discharges of the bowels were employed. Pulvis purgans was administered and the bicarbonate of potassa. The infusion of digitalis was given as a diuretic. When the digitalis was discontinued the solution of potassium bicarbonate was given.

The urine was clear, specific gravity 1009. Albumen was present in large quantity and it contained casts. General dropsy involves in the great majority of cases disease of one of two organs or both. Diseases of the liver give rise to hydro-peritoneum but not general dropsy. Is this renal or cardiac dropsy or both combined? We examine the heart and find no evidence of disease of that organ. Besides this man has a pallid countenance. We see no lividity of the face. The respirations are tranquil.

If this patient had disease of the heart sufficient to give rise to general dropsy he would not have that pallor. He would have more or less lividity and his respirations would not be tranquil but there would be more or less embarrassment of breathing.

I want to call your attention to another point in this case, namely, the dropsy has nearly gone from the limbs and face. He has very little dropsy of the chest but he has a large abdomen. The renal dropsy that has diminished as much as this, would not leave the abdomen as enlarged as it is without the existence of some other disease. This man has hydro-peritoneum.

Now what causes this hydro-peritoneum? The renal condition may be to some extent subsiding. That something else we have every reason to conclude is an affection of the liver. That dropsy, while a general dropsy, has yielded to the general treatment. The hydro-peritoneum has yielded in a less degree.

Now this patient is suffering from that affection of the liver which is induced by the long taking of alcohol and is known as cirrhosis.

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, May 23, 1885. The President, Dr. Atwood in the Chair.

Mydriasis.

Dr. Dickinson spoke of mydriasis and its causes. He referred to its being but a symptom of disease whose importance depends upon the cause. It may exist alone or with other symptoms. The causes producing it are direct and well-known or they may be reflex, obscure and not unfrequently we cannot penetrate into the cause. Mydriasis generally affects but one eye and it interferes with bilateral vision. Generally the ciliary muscle is not implicated. The following cases were then related:

Case I.—An unmarried lady of 24 had mydriasis two months ago. After a day's washing she took a sponge bath, put on a loose wrapper and took a nap in a draught. The catamenia came regularly. The pupil was widely dilated and the ocular conjunctiva insensible. Cathartics, mercurials, blisters and galvanism were employed. In six weeks she was nearly well. She has since recovered.

Case II.—Mrs. B. aged 30, was struck in the eye by a ginger-ale bottle cork. There was pain and no vision. The globe was preserved, the conjunctiva congested and blood in the aqueous humor. Cathartics, leeches, atropia and cold applications ordered. In a

few days the pain subsided, the blood was absorbed and two weeks later V=1-14.

Case III.—A chip of iron flew against the right eye producing pain and iritis. Lenticular cataract developed and for three weeks the pupil was dilated. The retina and choroid were not impaired. There was no treatment.

Case IV.—A boy of 8 had pain in the eyes and forehead and could not see. He had the amaurotic look. Cold leeches, a darkened room, etc., caused a rapid recovery. The cause was his vieing with other boys in looking at the sun.

Case V.—A man, in a foundry, aged 34, is compelled to look at molten iron a great deal. This produced mydriasis; not treated.

Case VI.—Miss L., had mydriasis of right pupil during the catamenial flow. A brisk cathartic and eserine rapidly improved her. This was due to ovarian irritation, as also

Case VII.—In this case both eyes were affected, thus being an anomaly. Sitz baths, eserine, etc-, were followed by a cure.

Case VIII.—A young lady of 17 whose catamenia appeared five months before, continued three or four months and were suppressed. She was treated like case VII and with the same result, the mydriasis disappearing promptly.

Case IX.—A young man of 20, syphilitic, had a chancre three years old. Vision of right eye failed him and he had ocular spectra. Three weeks ago he drank five glasses of beer in an evening and could not read after on account of mydriasis. Not treated.

Case X.—Patient aged 28, syphilitic; contracted the chancre five years ago. Mydriasis observed five months ago. V=1-20 in left eye. Pilocarpine and eserine and bichloride of mercury and iodide of potassium with galvanism brought about improvement.

Case XI.—A man of 32, contracted syphilis ten years ago. It was treated three or four weeks. The pupil is dilated and he has had ptosis of the left upper lid for five years. V=$\frac{1}{5}$. When first seen the muscles of either eye were intact. In a few days all the muscles, supplied by the third nerve in the right side were paralyzed. After treatment this all disappeared, but the mydriasis persists. Von Graefe says that one-third of all the cases of mydriasis are due to syphilis.

Case XII.—B.—, aged 12; pupil dilated four months ago. He has phimosis, is weak, papilla atrophied in left eye. Says he never masturbated. Iodide of mercury and iron, eserine and galvanism and circumcision were followed by improvement. The cause was probably spastic in character.

Case XIII.—Mrs. R.——, aged 30; all the functions are proper. The mydriasis may have been due to rheumatism. Eserine and galvanism effected a cure.

Case XIV.—C., a clerk, was similarly affected. Cathartics and antacids effected the desired result.

The Treatment of Syphilis.

Dr. Jordan wished to know the proper course to pursue in the treatment of syphilis. He was inclined to give the patient the benefit of the doubt where there was one in the diagnosis, and instituted mercurial treatment immediately. He knew that good authorities recommended waiting until the secondary symptoms appear, but he could not see why treatment should be put off.

Dr. E. H. Gregory said that it was his practice to give constitutional treatment immediately where he knew it was syphilis. If there was a doubt, he made the patient wait. He regarded the chancre as indicating constitutional infection, although many authors seemed to doubt this. He knew that many waited until the appearance of secondary eruption before beginning constitutional treatment and this seemed to be because these symptoms do not come on during active mercurial treatment. He could remember the time when he felt no difficulty in making a diagnosis, but he had seen so many soft sores followed by constitutional symptoms that he is now inclined to wait for further developments in such cases.

Dr. Hurt thougt that one of the advantages of the expectant plan of treatment was saving the patient from the injuries inflicted by the efforts made to cure the disease. Syphilis may crop out again and again and it is the opinion of some that it is incurable.

Dr. Bremer stated that he had a microscopic section of an indurated chancre which was excised by Auspitz, of Vienna, and no constitutional symptoms showed themselves. This is the most rational treatment if possible, and the chancre easily reached. According to the present doctrine the chancre is merely a focus whence the organized virus is disseminated throughout the system by means of the lymphatics.

Dr. McPheeters had circumcised a man for extensive chancre of the prepuce. He never had secondary symptoms; constitutional treatment was also given.

Dr. Johnston objected to the expectant plan of treatment. He did not believe in the duality theory.

Dr. Green thought that Dr. Gregory was right. He spoke of the bacillar theory of syphilis. If mercury were the only remedy

in syphilis Dr. Jordan was right, but such is not the case. He further stated that cases treated, from the inception, with the iodides were less likely to show the secondary symptoms.

Dr. Dean remarked that chancres were as thoroughly excised formerly as they are now. The chief objection to instituting mercurial treatment immediately is that the patient not seeing symptoms appear is not likely to follow the treatment for any length of time. He had seen cases where secondary and tertiary lesions made their appearance in spite of treatment.

Dr. Ohmann-Dumesnil remarked that nearly all the cases, in which excision of the primary sclerosis had been made, had proven the futility of the operation. Some had been excised as early as four hours after their appearance and yet secondary lesions manifested themselves at the proper time. He believed in the expectant plan of treatment and then by judicious treatment excellent results would be obtained and if any relapses did occur, they would be of a mild character. Some cases of syphilis recover spontaneously and, in Vienna, some regard it as a self-limited disease.

Dr. Moore asked how long it would take to cure a case; and, if cured, how could the physician know it? Some physicians considered two years' treatment sufficient, others thought more was necessary. The point is important as many of the patients wish to marry.

Dr. Gregory said that if the man felt well and looked well and wanted to marry, he told him to do so. He then spoke at length of the bacillar origin of syphilis, believing himself that it rather seemed to belong to that class which he denominated vaccine diseases.

VEREIN DEUTSCHER AERZTE.

REPORTED FOR THE REVIEW.

Regular Meeting March 6, 1885. Present 13 members; Dr. Greiner in the chair.

Dr. Pollmann read a paper on "Spermatorrhea and Prostatorrhea." (See Review No. XXI).

In the subsequent discussion Dr. J. Hermann related a case of spermatorrhea, caused by onanism, which he cured by the constant current, introducing the cathode in the form of a metal bougie, covered with rubber, excepting the point, into the urethra up to the entrance of the seminal ducts and applying the anode to the perineum. In the same case the cathode was also applied along the course of the spermatic cord.

Dr. O. Greiner.—I have four cases of spermatorrhea to report. Two of these were complicated with psychical depression and neurasthenia and were treated with electricity with no success whatsoever. The two others, young married men, one a blacksmith, the other a teamster, had been masturbating a short time. Both looked robust and strong and were very able to attend to the daily duties in their respective callings. They were not affected with neurasthenia or any mental disorder; they had no children. The treatment consisted in the introduction of the cooling sound and use of electricity. They were entirely cured of their affection.

Dr. Pollmann related a case of spermatorrhea in a married man with two children. The patient had an hereditary neurasthenic predisposition, but had never masturbated. In spite of regular intercourse, he had pathological emissions twice or three times a week. After the neurasthenia subsided the spermatorrhea also got well.

Dr. Alt.—Are you certain that the emissions were pathological?

Dr. Pollmann.—The patient complained of weakness and was absolutely unable to have connection oftener than twice a week.

Dr. Hermann reported the following case: An apparently robust and healthy man, 31 years of age, suffered from migraine since his eleventh year. The attacks occurred regularly every week or two and were usually accompanied by belching and vomiting. At twenty-one years he began sexual intercourse. Thereupon he had no more pollutions. There was always semen in the urine however and semen also passed during defecation. Later he improved somewhat and had pollutions every third or fourth day; but he was not able to have intercourse. I used electric and hydropathic treatment, but lost sight of the patient.

Dr. Lingenfelder reported a case which he treated with electricity for ten weeks with good success, the patient being married now and having children.

Dr. Greiner mentioned that psychical onanism was considered by eminent authors as productive of the most mischief. This seemed very plausible, as the irritation here was of long duration.

Dr. Bierwirth reported a case of vomiting in pregnancy. The woman, 22 years of age, had been pregnant several times and had once aborted. During the first three or four months of her pregnancies she had always

complained of nausea and vomiting, but in the later stages the nausea and vomiting disappeared. The last menstruation occurred about November 23, 1884. Until Christmas she was well. Then she complained of severe abdominal pain and once fainted; her appetite still was good. A week later spasms occurred and occurred again every two weeks. Then she commenced to vomit all nourishment without intermission. Remedies were of no benefit; even ice and champagne could not be borne by the stomach. Cauterization and stretching of the os was of no avail. The woman got weaker and more anemic from day to day, so that abortion had to be resorted to in order to save her life. A subsequent metritis was subdued by ice-compresses, opium, and quinine. Eight days after the uterus was emptied the patient was well enough to get out of bed and eat with a good appetite.

Dr. Schwarz.—I would like to confirm that there was no possible chance for this patient, whom I saw with Dr. Bierwirth, to recover, unless abortus was resorted to. Everything had been tried, nourishing enemata also, and the patient was so extremely weak and anemic, that to wait any longer would have jeopardized her life. Anemic persons are especially susceptible to septic infection. The method used to empty the uterus was that of scraping out its cavity with the curette under antiseptic precautions. The rapid improvement was very striking. Immediately after the operation ice and champagne could be borne by the stomach. The following night the womb contracted and became smaller. The next day a milk punch was retained. The metritis mentioned by Dr. Bierwirth was probably due to absorption of the lochial secretion, the discharge of which had ceased.

Dr. Heyer.—Were you positive that the woman was pregnant? Did you find decidual membranes, or a fetus?

Dr. Schwarz.—The fetus undoubtedly had died early in the pregnancy for want of nourishment and was macerated. A microscopical examination was not made. There was not the shadow of a doubt about the correctness of the diagnosis, and the result of the treatment confirmed the same. We removed shreds and debris that had remained in utero.

CHICAGO MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Dr. C. T. Parkes, President; Dr. Liston H. Montgomery, Secretary. At the regular meeting of this Society held May 18, 1885, the following papers were read:

"The Present Status of Oral Medicine and Surgery," by Dr. Garret Newkirk.

"The Pre-Albuminuric Stage of Chronic Bright's Disease," by Dr. C. W. Purdy.

"Report of a Case of Partial Excision of a Hypertrophied Prostate Gland," by Dr. W. T. Belfield.

The following abstracts of each are of interest:

"The Present Status of Oral Medicine and Surgery" was the subject of an interesting paper read by Dr. Garrett Newkirk.

He said: The human body is a unit, there is no part unimportant. The body is a model commonwealth, an ideal democracy. There are no line fences between the fields of specialists; divisions are arbitrary; all who assume to treat or care for any organ of the body, whether competent or not, are on medical ground.

The mouth is an important piece of territory. From a pathological standpoint, the teeth are by far the most important organs about the mouth. Nearly all diseases of the mouth are of the teeth or their investments and immediate surroundings. Other affections come naturally for the most part under the care of the general practitioner of medicine or of surgery. Ninety-nine hundreths of diseases falling to the care of the oral surgeon are of the first class, viz., connected with the teeth and exert reflex influence, which has equal effects on the mind and general health. The teeth are important: (1) By number, there are thirty-two distinct organs with fifty roots and nerve filaments; (2) by relations, pulp, nervous system, membranes, etc.; (3) relation to food and digestion; (4) to speech, expression, and facial contour; (5) liability to injuries with complications; (6) liability to a very destructive form of disease, known as caries of the teeth, a disease without parallel elsewhere. The teeth have too long been the scape-goats of the body, treated as weeds in the garden of anatomy.

Therapy. Oral medicine and surgery is principally dental medicine and surgery. The oral surgeon must be a dentist. The dentist is an oral surgeon. It is a mistake to suppose that not as much medical and surgical skill is required here as elsewhere. Consider the amount of time, labor, skill and practice involved in the one matter of correcting irregularites of the teeth.

The status of the body of dentists, looked at as a whole, is indeterminable, each man must be looked at separately. Dentistry has

been a rapid growth. Quick grown woods lack fibre; time will remedy defects There are some who are doctors in fact, though not by confirmation; others who lack the first qualifications of medical men.

Specialists should keep abreast, and not permit themselves to simply treat eyes or ears, or teeth, but should be able to treat man and his various organs. Dental colleges, recognizing the necessity of medical knowledge, are trying to impart a necessary amount of medical teaching. Heretofore their efforts have not been greatly successful. The best place to get medical training is in a medical school, where there is a systematic course of medical study,clinical teaching, and active practice, for a time in a general way. Then let special adaptation come in .This takes time, and but few will do it,but it is nevertheless the best way to prepare for the oral or any other special field.

Representative dentists are best qualified to judge, in all dentalquestions, as to what is the best practice. It is not for general practitioners, or other specialists to assume to lay down rules for dentists. When they do, they will only succeed in exhibiting their own ignorance of the matter, as shown by certain articles that have recently been published in a New York journal relating to pulpless teeth.

"The Pre-Albuminuric Stage of Chronic Bright's Disease" is the somewhat striking announcement which forms the subject of a very lengthy paper containing 110 pages of manuscript, that was read by Dr. C. W. Purdy.

The writer first called attention to the almost universal reliance placed upon albuminuria as the leading diagnostic symptom of chronic Bright's disease, and he strongly insisted on the fallacy of this reliance, and especially during the early stages of the disease. He pointed out that early writers as Christoson, Rayer, Rees, Malmsten, and Richard Bright himself observed that in a certain number of these cases albumen disapeared from the urine.

More recent authors, as Granger Stewart, Roberts, Bartels, Johnson, Dickinson, Tyson, and Millard, were quoted to show that albuminuria is a very inconstant symptom of the early stages of chronic Bright's disease. The next principal point that was considered in detail was the pathological changes which occur in this form (cirrhotic) of renal disease. He also pointed out that the tubular epithelium according to his observation is seldom, if ever, involved until very late in the disease.

Bartels, Dickinson, Charcot were quoted in support of the same view.

This he showed is the reason why albuminuria is so inconstant in this disease, for, as Senator has shown, those diseases of the kidneys which involve the tubular epithelium are the ones which give rise to the most profuse and constant albuminuria.

The author is of the opinion that the albuminuria of renal cirrhosis is due to obstruction of the circulation through the glomeruli brought about by the choking up of the capillary plexus of vessels after they leave the glomerule, and as a result of new interstitial growth, and this he further observed does not take place extensively in the early stage of the disease, and hence albuminuria is not the rule till later on and then only in very small amounts, for albuminuria due to high blood pressure is always small in amount compared with that produced by epithelial degeneration.

The writer does not rest his assumption that albuminuria is an inconstant symptom of the disease on pathological or theoretical data, but he brings forth statistics of no less than 259 cases of chronic Bright's disease treated in hospitals where the urine was examined daily. When the autopsy was held, each case showed renal cirrhosis. Out of this entire number of cases referred to, only 68 were characterized by albuminous urine, while in the remaining number of 191 cases, or 74 per cent of the whole number, albumen was never present in the urine. Dr. Purdy pertinently observes in view of such facts: If clinical evidence conjoined with post-mortem examination of our cases teaches us anything, it is that this disease may exist for years without giving rise to albuminous urine and, therefore, a clinical symptom so notoriously inconstant and unstable, even in the fully formed stages of the disease, is the most flimsy evidence upon which to construct a scientific diagnosis. He next takes up systematically the symptoms which may be relied upon to form a diagnosis in the absence of albuminuria, and insists that the disease may be frequently made out in the functional stage. The effects of defective renal function are traced minutely as they manifest themselves in the various channels, the cutaneous, muscular, respiratory, digestive, nervous, and vascular systems.

He dwells at especial length on the value of those symptoms derived from careful examination of the vascular system; as he says, they are among the earliest and most constant, and give, where properly interpreted,

the most important information; for if the theory which was advanced by him as to the etiology of the disease be correct, and supported thus far by pathological evidence, then the first consequence which results from the disease outside of the kidneys themselves must fall upon the vascular system.

The laws which govern the circulation of fluids, as applied to the circulation of the blood, laid down by Professor Hamilton, are illustrative as a possible cause of the cardio-vascular changes so constant in this disease. The great value of the sphygmograph in accurately pointing out the peculiar vascular changes dependent upon renal cirrhosis is insisted upon, and he is the first writer to have distinguished be tween high tension and high vascular pressure, and to show that the former may exist when the latter is only moderate or even low. He also holds that the former simply indicate diseases of the vessel walls due to atheroma sometimes, aside from Bright's disease, but that high intra-vascular pressure in addition shows increased heart power, and its indication by the sphygmograph is almost pathognomonic of chronic Bright's disease. These differences were fully illustrated by diagrams on a black-board, and by tracings from the pulse in cases of renal cirrhosis under the writer's care. Reference was made to the observations of Dr. Gowers, that in chronic Bright's disease certain changes are to be made out in the retina which promise important diagnostic information, independent of the usual retinal disease, usually termed albuminuric retinitis. More specifically these changes are as follows:

The veins are not larger than their normal size, while the arteries are not more than one-half or even one-third the diameter of the veins, instead of being two-thirds or three-quarters of their diameter; the comparison is to be made between arteries and veins which run side by side and which correspond in distribution.

The symptomatology of chronic Brights disease was dwelt upon minutely, and at great length, and the diagnosis is urged to be made rather from a survey of the entire phenomena usually resulting from renal defect than from the narrow limits of local manifestations. The entire paper bears evidence of wide research and close personal observation, and the importance of the subject, it is impossible to overestimate.

To those who are in the habit of relying on the presence of albumen in the urine as the essential diagnostic of Bright's disease (and as was stated he feared there are too many such), we would advise a more careful perusal and study of this subject in the future.

"Partial Excision of a Hypertrophied Prostate Gland."

Dr. Belfield reported the following case: A patient, 59 years of age, had for ten years suffered from cystitis, consequent upon prostatic enlargement. For two years he had voided the urine almost exclusively by catheter, and for seven months had been confined to the house, passing the catheter every hour or two, and suffering great pain; the bladder was much hypertrophied and contained about eight ounces of residual urine. February 10, the membranous urethra was opened and the bladder drained. In three weeks the cystitis had entirely subsided, the urine being perfectly free from pus and blood.

March 11.—A projecting portion of the prostate about one inch long, half an inch broad and three-fourths of an inch thick, was removed by the galvano-cautery. No febrile reaction followed this operation.

The patient now passes urine naturally about every three hours, and has discarded the catheter. He is entirely free from pain and evacuates the bladder almost completely, less than a dram of urine accumulating in twenty-four hours. About once a day this amount of urine is discharged during micturition through a perineal fistula, while at other times none escapes through this opening. No attempt has yet been made to close the fistula.

Illustrations were made during the reading of his paper—with potatoes—and the amount of hypertrophied tissue removed was equivalent to a medium-sized hickory nut.

The society then adjourned.

CORRESPONDENCE.

NEW YORK LETTER.

New York, May 23. 1885.

Editor Review: At the commencement exercises of the College of Physicians and Surgeons recently held in Steinway Hall, Dr. William Russell, of Edinburgh, Scotland, who wrote on "The Heart in Debility" was announced as the successful competitor for the $500 Cartwright prize of the Alumni Association. George Woolsey, son of ex-President Woolsey of Yale College obtained the $500 Harsen prize for proficiency in examination. Over $2000 are given annually by this institution and its Alumni Association for prizes. The announcement has been

made that Dr. William Oscar, of Philadelphia, will deliver the Cartwright lecture in 1887.

The Medical Board of the Presbyterian Hospital in their recent appointments have diminished the number and made many changes in the medical consultants and attendants.

We were very much pleased and interested in examining a new and very ingenious drainage-tube invented by Dr. H. Marion Sims for use in appropriate cases after abdominal section. These tubes which come in different sizes consist of two cylindrical pieces of hard rubber, the outer piece being perforated at its extremity and containing the second smaller tube through which the cleansing solution is injected immediately into the bottom of the wound. The introduction of air or an excess of fluid is thereby prevented, as there is an abundant space for exit between the cylinders. The doctor who has had 28 successive cases of recovery after abdominal section attributes his success to thorough cleanliness and the use of the drainage tube in cases where there is the least tendency to the accumulation of fluid as can be usually determined before closing the incision.

At Tieman's we were shown a new invention to prevent the drying of the wash leathers on the piston of the hypodermic syringe. Between the two leathers which form the piston is placed a metalic disc having a deep groove at its circumferential border; it is in this groove that a drop of oil is placed which constantly supplies any deficiency.

The post-mortem examination of the body of Robert E. Odlum who recently made the experiment of jumping from the Brooklyn Bridge revealed, besides five fractured ribs, rupture of nearly all the internal organs, and in the liver a cicatrix thought to be the remains of a former rupture. In his descent his body swerved a little so that he struck the water on his side. It is remarkable that even under these circumstances he lived about three-quarters of an hour and revived enough to talk rationally. He was at one time connected with the St. Louis "Republican" as reporter.

In these days of high apartment buildings we are constantly surprised at the great heights from which people fall and yet survive or receive trivial injury. From our own observations we have been impressed with the entirely unproportionate relation of the height of fall to the extent of injury. In fact it has seemed to us that a moderate height of fall is accompanied with less injury than extreme or short distance. Right here we are reminded of a case which presented itself several years ago at Bellevue Hospital. A woman fell out of a third story window to the ground fracturing the base of her skull; she recovered rapidly and in one month from time of injury gave birth to a child at full term. One year later the patient entered the hospital and died of phthisis, the autopsy confirmed the diagnosis of previous cranial fracture. Sometime ago a case was reported in this city where a child fell several stories from the window down into the back yard which was covered with pavement. The medical gentleman, who was hastily summoned, finding no injury to the child, was very much inclined to discredit the statements, whereupon it was ascertained from an eye-witness that the child in falling struck upon a cat that calmly laid beneath. The cat made a good recovery and at last accounts had entered upon another of its nine lives. We now propose that some medical gentlemen, who may possess a "hungering and thirsting" after literary fame and a heart overflowing with "the milk of human kindness" for "falling" humanity, write an article entitled "The Utility of Cats in Back-yards." J. W.

STRAGULATED HERNIA.

ONALASKA, Wis., May 23, 1885.

Editor Review: I notice in the WEELY MEDICAL REVIEW of April 11, reference is made to a mode of reducing strangulated hernia, under the title—"A Simple Expedient in the Management of Strangulated Hernia," recently practiced by Drs. Hurd and Stewart successfully, consisting simply in dilating, with the index finger, the hernial opening or ring. The simplicity of the procedure and the results obtained by the above named physicians warrant a trial of it in all cases before resorting to the usual operation with the knife. Braithwaite's Retrospect for January. 1857, contains an account of this method, by Baron Lentin, under the title "New Mode of Reducing Strangulated Hernia." He says, "that with this mode of reducing strangulated hernia which he has now practiced for twenty years, he hardly ever in his large practice finds it necessary to have recourse to an operation." A complete description of the method is given, closing with the following: "As a general conclusion, it may be laid down, that the facility and promptitude of this procedure, and the immunity that attends it, ought to diminish the gravity of the prognosis of strangulated hernia by rendering the circumstances under which recourse need be had to an operation quite exceptional. Such exceptional cases will be found (1) in old, irreducible hernia. (2) When the strangulation in inguinal hernia occurs at the internal ring. Generally the external ring and inguinal canal are large and allow

of the easy penetration of the finger, and then the new method is applicable and the rupturing or dilatation of the internal ring should be attempted, and the maneuvre is rendered the easier by the fact that in these cases the canal is much shortened, and the two rings much approximated. If, however, the external ring is too narrow to admit the finger, an operation is required. (3) When there are general symptoms of a gangrenous state of the intestine."

W. A. LESTER.

PELLETIERINE AS A TÆNIACIDE.

TAYLORVILLE, Ills., May 22, 1885.

Editor Review: Within the past four weeks I have been successful in the three following cases in removing tapeworms, "tænia solium." Namely, April 20, from Mr. H., aged 38 years.

May 2, from Mr. R. (colored), aged 33 years.

May 13, from Mr. T., aged 15 years, all of whom reside in this city. The length of each worm was respectively 13, 15, and 25 feet in their entirety. Mode of administering the drug: After the patient fasted during breakfast and dinner, a full ounce of Tanret's pelletierine was given in a glass of sweet milk, following it within a half hour with a full dose of castor oil. Each worm was expelled during the first and second action on the bowels, which result took place soon after taking the oil. Respectfully,

L. C. ARMSTRONG, M. D.

THE POST-NASAL SYRINGE IN DIPHTHERIA.

VOLUNTOWN, CONN, May 23. 1885.

Editor Review.—I have treated the past spring several cases of diphtheria and diptheritic sore throat with the post-nasal syringe (as used in catarrh by Prof. Bosworth and others, of New York) as a local measure with good success. It does effective service in children especially and I prefer it to the atomizer, or inhaler. Bi-borate of sodium, chlorate of potash and acidum carbolicum are among my best medicinal agents with water or water and glycerine as menstruums. I think if the post-nasal syringe was used more generally, there would be fewer deaths from membranous exudation in croupous and diphtheritic diseases. Its use may be more extensive than I presume, but I have scarce ever seen such use mentioned in medical prints or by lecturers in our colleges. Respectfully,

J. L. GARDNER, M. D.

THE CHOLERA.

In connection with the efforts made to secure information from the National authorities concerning the status of cholera abroad, attention is called in the report of the late Quarterly Meeting of the Illinois State Board of Health to the cable dispatches received by the newspapers during the meeting announcing that the French, Italian and Portuguese governments had ordered a quarantine of detention against Spanish vessels; and the appearance of the disease at Jaen, in the province of that name, in the south of Spain, and at Santiago de Compostela, in the extreme northeastern province of Coruna—the same dispatch saying that the panic in Spain over the spread of cholera is increasing as reports continue to arrive showing that new points are being constantly attacked; that the government is taking energetic measures to isolate infected towns; and that a circular of warning has been sent by telegraph to the authorities of all the provinces, cautioning them against the admission of persons or goods from twelve specified towns, all of which are officially stated to be more or less infected.

Simultaneously with this latter information the first official statement was made public by the Secretary of State, who announced, on April 18, the receipt of a dispatch from the United States consul-general at Madrid, saying "that he is informed by the director-general of health that there is no cholera in Spain, and that the cases recently reported in the province of Valencia are not cholera." The Spanish government has instructed its ambassadors to protest against quarantine restrictions, and a dispatch of the 19th inst., from Barcelona, also asserts that the disease is not Asiatic cholera, but cholera morbus or cholerine due to local causes, the outbreak at Alcira, near Valencia, for example, being caused, it is claimed, by the failure of the regular water-supply, in consequence of which "the people have been drinking from a canal which was tainted by paper mills that use suspicious rags."

In view of these contradictory statements, and in the absence of full and authentic information from the National health authorities, sanitarians are justified in regarding, for precautionary purposes, the disease now so widely spread through the littoral provinces of Spain as true Asiatic cholera, and in apprehending present danger of its introduction into this country through commercial intercourse with the Spanish possessions in the West Indies—Cuba, Porto Rico, etc.,—and less directly with those in South America.

Attention is also called to the fact that the country is threatened with an influx, by emigra-

tion from Italy, of a people reduced to the verge of beggary and starvation by last year's cholera epidemic and its results. The low rates of passage will tempt to violation of the law against overcrowding, with all the suffering and unsanitary conditions which will thence result. The poverty of the people and their modes and habits of life will add to the evil; and increased burdens and responsibilities will be thrown upon the authorities of every port at which these immigrants land, as well as upon the communities in which they may settle. These considerations may make it necessary to begin the work of sanitary supervision of travel and quarantine along the State boundary lines earlier than would otherwise be necessary. Already the first installment of the Italian immigration has arrived in Chicago.

The Board adopted the following preamble and resolutions concerning these matters:

CONCERNING INFORMATION OF FOREIGN EPIDEMIC DISEASES.

WHEREAS, Prompt, full and trustworthy information of the existence of epidemic diseases, such as Asiatic cholera, yellow fever and small-pox, in the foreign ports in commercial relations with this country, is a matter of the first importance to the success of efforts for preventing their introduction or limiting their spread; and

WHEREAS, It is understood that, under the authority conferred upon the President by Sec. 1752 of the Revised Statutes of the United States, consular officers and other foreign agents of the General Government are required to furnish such information: Therefore, be it

Resolved, That the Secretary of this Board be, and he hereby is, instructed to respectfully request of the honorable the Secretary of State that he cause to be transmitted to the office of this Board, at Springfield, so much of such information as may be useful in guiding action for the protection of the people of this Commonwealth against Asiatic cholera, yellow fever and small-pox.

On motion of Dr. Clark it was also

Resolved, That the State Board of Health of the State of Illinois respectfully but earnestly requests the President of the United States to authorize the National Board of Health to use so much of the contingent epidemic fund appropriated by the last Congress as may be necessary for preparing and enforcing an adequate system of preventive measures against the introduction and spread of foreign pestilential diseases in co-operation with, and in aid of State and local health organizations, and with especial reference to Asiatic cholera.

Resolved, That the Secretary be authorized to transmit a copy of this resolution to the President.

ITEMS.

—The Dial of New York, lately suspended, must not be confounded with The Dial of Chicago. The latter has just closed its fifth year and is still vigorous.

—There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled "Berlin as a Medical Centre," by Horatio R. Bigelow, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instruction in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be $2.00.

—Newspapers of To-day.—People generally, and even those who may be termed steady readers and close observers, have but a faint concepception of the magnitude and influence the press of this country has attained. From a careful examination of the advance pages of the 1885 edition of the American Newspaper Directory, issued in May, by Geo. P. Rowell & Co., of New York, it appears that there are 14,147 newspapers and periodicals published in the United States and Canada; of these the United States has 12,973, an average of one paper for every 3,867 persons. In 1884 the total number of newspapers was less by 823 than at present, and while the gain this year is not so marked as in some previous years, it is still considerable. Kansas shows the greatest increase, the number being 78, while Illinois follows with a gain of 77. It is curious to notice that New York, the scene of so much political activity during the last campaign, should have only about one-third as many new papers as the State of Pennsylvania. As an index to the comparative growth and prosperity of different sections of the country, especially the territories, the number of new papers forms an interesting study, and may well occupy the attention of the curious.

—Death of an Anti-vaccinator from Small-Pox.—We hear from Truro that small-pox has just cut short the career of one of the most energetic opponents of vaccination in the West of England. Death is a heavy price to pay for consistency in one's opinions, and we cannot help recalling the wisdom shown by the brother of the deceased gentlemen a few months ago, when the death by small-pox of his unvaccinated son converted him to the belief in the efficacy of vaccination, and induced him to have the prophylactic operation immediately performed on the remaining members of his family. The logic of facts is always more forcible that that of abstract argument.—Brit. Med.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. No. 23. CHICAGO AND ST. LOUIS, JUNE 6, 1885. TERMS: $3.50 A YEAR.

PARALDEHYDE AS A SLEEP-PRODUCER.—Dr. H. C. Haris offers a valuable contribution to the Philadelphia Medical Times on the use of paraldehyde ln the treatment of the insane. He writes:

As the production of sleep is often a chief factor in the treatment of the insane, I am prompted to offer the result in one hundred and fifty-two cases of mental disease in which sleep was induced by a recent hypnotic which is now attracting much attention. When paraldehyde is given to man in moderate doses (fifty minims), the most marked result, in the majority of instances, is a quiet sleep of from two to seven hours, which is induced in ten to forty-five minutes after its absorption.

Its advantages over chloral in our experience are mainly that there is no danger from its action on the heart; in fact, one hundred minims have been given to cases of acute mania without the slightest noticeable effect upon the heart or respiration, the repose simulating closely natural sleep, the subject being easily aroused but soon dropping off again when let alone. No convulsive effect or dreamy stimulation of the mind has been observed, its first effect being apparently upon the cerebral hemispheres. Never have we seen the awakening accompanied by any unpleasant symptoms; in fact, there is no objection on this score save the disagreeable odor of the breath, which is perceptible for from twelve to seventeen hours after the exhibition of the drug.

In cases of melancholia paraldehyde has acted commendably; even in patients who would sit for hours deploring their unhappy lot, and whose brains were filled with fears of an overwhelming calamity, a dose of sixty minims of the drug has calmed them into a quiet and apparently dreamless, refreshing sleep. In several instances, however, we found it necessary to increase the dose to seventy-five minims, but this amount uniformly brought on a most gratifying rest.

In those cases where paraldehyde is required to be given for a length of time, a certain tolerance would be expected, but the observations lead us to believe that the tolerance of paraldehyde does not manifest itself sooner than other hypnotics, and whether the increased dose was needful on account of a slight aggravation of the disease, or a tolerance of the drug, as yet we are unable to say; in all probability both have taken a part.

As an anodyne (in a limited number of trials)the remedy has failed either to relieve pain or produce sleep, although seventy-five minims of the drug have been taken; in no case, however, was nausea excited.

The following table will show the types of insanity that embrace the 152 cases to whom 1,518 doses of the drug were given:

Mania, acute, 38; chronic, 9; periodic, 5; epileptic, 2; general paresis, 16; dementia, acute, 1; terminal, 11; organic, 19; senile, 4; epileptic, 2; melancholia, acute, 28; chronic, 11; hypochondriasis, 1; imbecility, 3; opium-mania, 1; dipsomania, 1.

Our results having been so uniformly satisfactory, we consider that paraldehyde is a valuable addition to our list of hypnotics; and where a sleep-producer must be given for a length of time, we consider it a most efficient, safe and reliable remedy, the sleep produced being in proportion to the size of the dose administered.

A NEW TREATMENT OF LUPUS, BASED

Upon Novel Etiological Views.—The Therapeutical Gazette quotes the Berliner Klinische Wochenschrift:

The parasitical origin of a disease furnishes a just indication for an antiseptic treatment. The list of diseases with this etiological factor constantly increases, and profound changes in their therapeutics are consequently called for. Whether the practical results will indorse these deductions,and the microbes of diphtheria, syphilis, cholera, pneumonia, and tuberculosis prove true guides for the therapeutist, cannot as yet be decided.

Doutrelepont, having found bacilli tuberculosi in several cases of lupus, concluded that lupus is a tuberculosis of the skin, and recommended the sublimate treatment. The application consists in placing a compress, dipped into weak sublimate solutions (0.1 per cent), on the affected part, retaining it with oil-paper and the roller-bandage. Doutrelepont's anticipations of encouraging results were even greatly surpassed. The fungus granulations soon were replaced by healthy ones, ulceration and infiltration gradually disappeared, while cicatrization rapidly progressed. In isolated cases only did the applications cause irritation, burning, and in some instances even pustules. The knots of the lupus gradually grow lax, pale, and small, and ultimately disappear. Salivation was in no case observed. Internally Fowler's solution was given, in accordance with Buckner's recommendation of arsenic in tuberculosis. In all cases in which this treatment was employed the result was very satisfactory.

Iodide of potassium ought not to be given simultaneously with calomel, as, according to the experiments of Schaefeldt, iodide of mercury and chloride of sodium are formed in the system. Baumeister reports the case of a patient who, as a result of syphilis of ten years standing, had an eruption on the forehead and left eyelid, and who was given iodide of potassium. An erythematous affection of the eye suddenly appearing, was treated with the local application of calomel. Soon after the first application, the patient complained of severe pains. Baumeister found the patient with an edematious conjunctiva and ulcerating cornea.

Air Embolism.—At the meeting of the American Surgical Association held in Washington "An Experimental and Clinical Study of Air-Embolism" was presented by N. Senn, M. D., of Milwaukee. The essay included sections on—1. The immediate cause of death by rapidly fatal embolism; 2. History of air-embolism; 3. Intravenous production of air; 4. Effect of the heart and respiration on the venous circulation; 5. Aspiration of air into the superior longitudinal sinus; 6. Experiments on same; 7. Practical suggestions concerning injuries of superior longitudinal sinus; 8. Immediate cause of death after intravenous insufflation of air; 9. Intra-arterial insufflation of air; 10. Clinical study of air-embolism, illustrated by cases; 11. Experiments on intravenous and intra-arterial insufflation of air; 12. Remarks on experiments; 13. Prophylactic and therapeutic recommendations.

Dr. Senn declared that air-embolims occurred as the rule where there had been previously a large loss of blood; that under ordinary circumstances the veins do not exert any aspiratory force whatever, except when their walls are held apart by tension of surrounding structures, or made permanently patulous by deposits in their walls. The entrance of air is favored by gravitation. In operating upon the longitudinal sinus no air entered while the animal was horizontal, but when the head was lifted the air entered with a lapping sound. Ligation of the longitudinal sinus is easily done, provided a sufficiently large opening be made for the manipulations required. In operations for removal of tumors, where there is a probability that this sinus will be opened, he advocated its preliminary ligation as a routine practice. When the sinus is opened laterally and it is not convenient to apply a ligature, he recommended the introduction of a small piece of aseptic sponge. He had found the sponge becomes organized as in sponge-grafting elsewhere.

When death occurs from air-embolism, it is due not so much to plugging of the pulmonary capillaries as it is to anemia of the brain and centres of respiration, as a result of cardiac paralysis from over-distention of the right side of the heart. A small amount of air can enter the circulation without any bad consequences being noticed. When a large amount of air enters and the heart stops from over-distention, he found that by aspiration of the right ventricle the air could be withdrawn and the heart resume its movements.

Epistaxis in Children.—Dr. Rendu, in a clinical lecture on this subject, mentions two cases then under treatment in the Hospital des Enfants-Malades. (Manchester Medical Chronicle—American Medical Digest.)

The first case is that of a young boy in whom the loss of the blood was great, and continued for three days. No local cause could be discovered, and the real cause lay in a dilated heart the result of mitral incompetence following upon acute rheumatism. A mild attack of rheumatism, occurring while the lad was under treatment, confirmed the diagnosis.

In the second case the epistaxis lasted four days and was attended with some rise of temperature. Shortly after admission to the hospital the flow of blood ceased simultaneously with the appearance of the characteristic eruption of measles.

After stating that epistaxis is very rare in children under two years of age, and becomes more and more common as puberty is approached, Dr. Rendu goes on to discuss its causes:

1. Inflammatory conditions of nasal mucous membrane—rare, unless there be violent effort to blow the nose.

2. Polypus: (*a*) Mucous, rarely causing epistaxis. (*b*) Fibrous, common cause.

3. Foreign bodies, by producing ulceration, often after the body has been for a long time lodged in the nose.

4. Mechanical violence, especially the introduction of the child's own finger.

5. Whooping cough.

6. Heart disease with hypertrophy; the immediate cause being often sudden variation of temperature or atmospheric pressure.

7. Eruptive fevers. Common in measles before the appearance of the rash, very rare during the period of eruption, again occurring as a "critical" discharge as the rash begins to fade.

In scarlatina only occurring in the hemorrhagic variety, or during post-scarlatinal nephritis.

Common in small-pox in children as in adults.

In erysipelas, common, if the nose be involved.

In enteric fever only in one-fifth or one-sixth of the cases, and then usually only very slight (Rilliet et Barthez).

In diphtheria (*a*) when the nose is involved, and often (*b*) independently of local cause.

8. Diseases in which the blood is much altered, *e. g.*, scurvy, purpura, ecthyma. In purpura it is of grave import, and is not in proportion to the cutaneous affection.

9. Diseases of liver. Rare, since cirrhosis is rare in children. It occurs in the cirrhosis of heart disease, and at times accompanies severe jaundice.

10. Acute renal disease.

11. Spontaneous epistaxis occuring (*a*) in girls before the catamenia are established, and now and then alternating with the menstrual flow; and in boys of the same age of gouty parentage, who subsequently suffer from hemorrhoids. (*b*) In gouty and rheumatic children; often brought on by some very trifling cause, such as over-fatigue or dyspepsia. (*c*) As a result of masturbation.

According to Dr. Rendu epistaxis accompanied by general malaise, but without fever, is generally due to some arthritic diathesis; whereas that which is attended by rise of temperature usually ushers in some eruptive fever or gastric disturbance.

In the commencement and at the crisis of fevers epistaxis often acts very beneficially, hence the value of leeches at these times. In scrofulous subjects it is rare, except as the result of some local affection.

Indications in Urine-Examination of Surgical Cases.—At the late French Surgical Congress Prof. Verneuil spoke of a point in regard to examination of urine and the information it may give to surgeons. (Philadelphia Medical Times.) He would not say that the point was new, as it had preoccupied him since 1867, and he had studied it ever since. His conclusions are as follows:

1. The urine of patients operated upon or wounded often presents a rose-colored deposit, which has been called acide rosacic.

2. This phenomenon coincides with oliguresia and the usual concentration of urine seen after operations. It lasts three days, and is often not thought of.

3. It will appear after all sorts of wounds, both in weak and strong subjects, with or without previous maladies, so that its signification and origin would seem to be uncertain; but it is now established that it is under the influence of some lesion of the liver, cirrhosis, congestion, hydatids, or cancer.

4. The hepatic alterations caused by alcohol seem to have the lead in causing these deposits.

5. These rose-deposits have a real value in diagnosis, as they announce a morbid state of an important viscus, and one that is often latent and difficult to recognize. It is also one that will exercise a very unhappy influence over the progress and termination of the surgical lesions made.

6. The prognostic value is also great. It is true that it is not always followed by trouble; but it is well to know beforehand that patients having this rose-colored urine are exposed (in his opinion at least) to consecutive hemorrhages and gangrene.

7. To prevent as much as possible these complications, we must be assured of hemostasis and antisepsis by using all the modern means for those purposes, and at the same time direct a proper medical treatment, not only before, but also during and after the operation.

M. Verneuil then gave at some length a number of observations to prove his statements.

Dr. Thiriar said that the examination of urine would give some very important indications to the surgeon. Before operation, in abdominal tumors, the determination of the quantity of urea can clear up a diagnosis if it is doubtful. In tumors of a malignant type the urea will go down below twelve grammes. The analysis should be made for several consecutive days, and the subject must be exempt from tuberculosis and albumen in the urine. We should also take into account the alimentation of the patient. After the operation the determination of the chlorides will help us most, for an exaggerated amount will denote that the inflammation is going to be more than normal, and that it will most likely take a destructive form. When the urinary chlorides fall, after an abdominal operation, below one gramme for twenty-four hours, there is danger of septic-invasion of the peritoneum, even if nothing else shows it. This is a sure means of allowing us to interfere in time to do good.

Dr. Kermisson, who followed, speaking of the amount of urea in case of cancer, first of all called attention to the amount given in most books of the normal quantity of urea (thirty-two grammes). He did not think it was over eighteen to twenty grammes as a rule. He found that it was very uncertain in many people, so that the diminution which was spoken of by several authors in cases of cancer could not be held as a good sign in diagnosis. Grégoire found eighteen to twenty often in cases of cancer of the liver, and others have seen as much; so there are plenty of exceptions to the law of Romeler. He had found four grammes of urea in a woman who had cancer of the breast, and six in another case, but both were cured after an operation. Moreover, according to the theory of Romeler, in benign tumors the urea should remain normal, but he had found a great difference.

A Chemical Reagent for Cancer.—We note in the Therapeutical Gazette a measure that may prove a valuable addition to our methods of diagnosis. However, careful

study and observation are needed to establish its value. "Although a diagnosis of cancer based upon microscopic evidence must ordinarily be accepted as infallible, additional and equally unerring diagnostic testimony would, of course, be very welcome. The value of a true chemical reagent for cancer, such as discovered by Ernst Freund, of Vienna (vide Wien. Allg. Med. Zeit.; Pharm. Post, February 21, 1885), would evidently be enhanced in cases in which the microscopic diagnosis is apparently contradicted by an unusually favorable state of health. Having been successfully exhibited in seventy carcinomatous patients and thirty test individuals (affected with sarcoma, fibroma, lipoma and syphilis), Freund's reaction seems justly entitled to our regard, and alongside of microscopic inspection will surely suffice to establish a certain diagnosis in every doubtful case. Freund takes about one drachm of blood, dilutes it with water, and decants it after some time, and, after adding a few drops of a solution of chloride of iron and acetate of soda (to precipitate albuminates), he warms the liquid, neutralizes it exactly in a solution of caustic potassium, and filters. The addition of Fehling's solution in a small quantity produces, on the application of heat, a yellowish precipitate. The presence of a reducing agent (sugar) is thus proven. If this reaction does not take place immediately, glycogen is to be searched for by adding dilute muriatic acid, warming the mixture after a little while, neutralizing it again, and adding Fehling's solution, which process changes glycogen into sugar. Freund refers the reduction of Fehling's solution to the presence of sugar in the blood, which in the urine, of course, could not be found in an abnormal quantity. The blood of sarcomatous patients subjected to the same chemical treatment will, according to our author, after precipitation of albuminates, invariably show the presence of peptone (test with acetic acid and yellow prussiate of potash, or the biuret test), but will be found free from sugar or glycogen, while the blood of carcinomatous patients is positively free from peptone. The exclusion of diabetes in carcinoma and leucemia in sarcoma is, of course, a necessity. The Wiener Allgemeine Medizinische Zeitung, an organ of acknowledged trustworthiness, states that an eminent surgeon of Vienna refused to operate on a patient in whom a famous physician had diagnosticated carcinoma, on the ground that Freund, after chemical examination of the blood, diagnosticated lues and not carcinoma. The patient having consequently been put on a specific treatment (inunction-cure) without being benefited, was again presented to the surgeon for an operation. The surgeon refused again, as Freund's test proved the absence of carcinoma. The patient was again treated for syphilis, and was cured."

Fatty Diarrhea in Children.—In a paper on fatty diarrhea of children, as understood by Demme and Biedert, Ischernov (Centralblatt f. Klin. Med., American Med. Digest) has found, from an examination as to the amount of fat contained in the feces of healthy and fevered adults and children, that in fever at least 14 per cent of the fatty food is absorbed. He then made analysis of the feces of children under six years of age, and under different circumstances.

In the feces of seven healthy children he found from 25 to 30 per cent of fat; in that of two prematurely born children 47 to 57 per cent, in four children with dyspepsia, 37.6 per cent (normal state, 26.3), 43.6 (normal 27), 43.5 (in this case the mother's milk contained only 1.5 per cent of fat), and 62.2; examinations were also made in fourteen other cases, in which the children suffered from different diseases, and in whom there were symptoms of intestinal irritation.

In a case of erysipelas the fat amounted to 52.2 per cent; catarrhal pneumonia, 51.4 per cent (during convalescence, 42 per cent), 51.7 (convalescence, 33.1) and 60.9 (convalescence, 55.2); in a case of a large abscess, 67 per cent of fat, which fell to 48.3 when the abscess was opened and improvement began. In a case of icterus, with enlargement of the liver

and spleen and severe diarrhea, there was 75.3 per cent of fat.

Ischernov concludes there is no such a disease as fatty diarrhea, but that it is a symptom found in various and widely different diseases.

Typhoid Fever in an Infant Nine Days Old.—Ignatieff in the Jahrbuch f. Kinderheilkunde reports the case of an infant who on the sixth day of life began to be affected with frequent and offensive evacuations, the temperature also undergoing moderate elevation. Subsequently there were cyanosis and bloody evacuations, and on the third day of his illness the infant died. The autopsy showed the weight to be 3,400 grams; skin slightly jaundiced;umbilicus normal; the brain and its membranes congested; the lower lobes of the lungs hypostatic, the upper ones anemic; the right side of the heart was dilated; the liver was enlarged, congested, and brittle; the spleen was enormously enlarged, congested, and firm, with its Malpighian bodies swollen; the contents of the intestine were fluid, and in the large intestine rather bloody; the mucous membrane of the intestinal canal was swollen and ecchymotic; the large intestine presented swelling and ulceration of the follicles; in the lowest portion of the ileum there were swelling and ulceration of Peyer's patches; the solitary follicles were also swollen and covered with necrotic tissue but not ulcerated; the mesenteric glands were swollen and hyperemic; the kidneys anemic; the umbilical vessels were obliterated.

The author concludes that the intestinal trouble could be regarded as nothing else but typhoid in character. This is the seventh recorded case of typhoid in the new-born infant.

Unfortunately nothing could be ascertained regarding the etiology of the disease, but the probabilities pointed strongly toward uterine infection.

Treatment of Eczema.—Henry J. Reynolds, M. D., Professor of Dermatology in the College of Physicians and Surgeons, of Chicago, read a paper at the Illinois State Medical Society, of which the following is an abstract:

He said an intelligent knowledge of the principles upon which treatment should be based always suggests the form of treatment that will be applicable to each case regardless of its name or location. The pathological condition being absolutely identical in no two cases, so the treatment must always vary, and a knowledge of specified lines of treatment or combinations of drugs said to be useful with a neglect of consideration of the principles upon which treatment should be based in each individual case, in this, as in all other diseases, is liable to mislead. Therapeutically speaking he regards the disease as always either acute, subacute, or chronic, regardless of its clinical name or location, and arranges the treatment accordingly.

In the acute, as in all other acute inflammations, the great principle necessarily involved is rest, which implies not only quietude of the member or part, but rest from all irritating influences, as scratching, irritation of lice, friction, dirt, incident to the calling of the individual, too frequent washing, etc. Soothing and protecting measures, therefore, are indicated in this stage, among which may be mentioned Carron oil, poultices, etc.

In the subacute, as in all other stages and forms, scratching must be strictly prohibited, as it is the most fruitful of all sources of aggravation.

He uses in this and the chronic conditions (either of which may at any time develop acute symptoms and require the treatment changed accordingly) pure, impalpably fine boracic acid as a dusting powder; having first gotten rid of crusts and scales by soaking with oil and washing with soap and warm water. In the chronic, however, he uses greater stimulating measures, in the way of green soap frequently rubbed in during washing. To relieve intense itching he has found nothing so effectual as a first-class letting alone.

He thinks bandaging and strapping advisable whenever practicable, and prefers the cot-

ton roller to the rubber where there is much exudation or maceration of the skin. He reports two cases of twelve and twenty year's standing, respectively, of eczema rubrum of the leg associated with varicose veins and ulceration, where many remedies had been tried without success that he cured by the application of boracic acid and bandaging, and a saline laxative internally.

He says as certain constitutional conditions predispose to the disease, and therefore necessarily aggregate or prolong it when once established, these conditions must be sought after and be corrected.

He has but little faith in the popular skin remedy, arsenic, in this or any other disease; all he knows positively of the remedy is that you can do harm with it. Chrysarobin, internally, as recommended by Stocquart,he has tried without any benefit.

The Local Application of Cascara Sagrada in Constipation.—H. C. Glanville, (London Lancet; Medical Age), in alluding to the fluid extract of cascara sagrada, which he considers the most reliablepreparation,says: It acts upon the hepatic secretions and circulations, the whole gastro-intestinal canal, stimulating its morbid condition, and the neighboring glands to healthy action. As a cholagogue it is invaluable. In chronic constipation its action is good, producing full, easy, pleasant stools, without any tormina, tenesmus, or nausea. The liquid extract, combined with the tincture of iodine painted on the hypogastric region daily, until the bowels are moved easily, has given the same result after repeated trials on patients suffering from habitual constipation. As a remedy for dyspepsia it is superior to many others of its class, being pleasant to take, and producing no nausea.

Dr. Gustave Jakob Henle, the eminent anatomist, died on the 13th ultimo, in the seventy-sixth year of his age. In the early part of his career, he was an assistant of Rudolphi, and afterwards of Johannes Müller. Afterward, he taught anatomy and physiology in Zürich and Heidelberg, and in 1852 was appointed Professor of Anatomy in the University of Gœttingen; this post he occupied up to the time of his death. He was the author of numerous works, among which the best known is his Handbook of the Systematic Anatomy of Man.

Desquamation in Scarlet Fever.—Mr. George Smith, of Axbridge, Somerset, states in a note in the Bristol Medico-Chirurgical Journal (British Medical Journal), that he has for several years been in the habit of having his patients sponged over the whole surface of their bodies twice a day—commencing as a rule, about a week from the appearance of the eruption, and continuing the process until desquamation is complete—with a mixture of one ounce of oatmeal to one pint of boiling water. The solution must be made fresh every day and used tepid, or at such a temperature as may be comfortably borne by the back of the finger. His reason for using this particular form of scalded, not boiled, oatmeal is, that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing their removal, from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease. Secondly, this same gluten fills up the cracks of the new skin and protects it from cold as, patch after patch, it becomes bare, and thus greatly lessens the risk of the dropsy which often follows this disease.

The Expectant Treatment of Fracture of the Neck of the Femur.—The Medical Age contains the following commentary which we heartily endorse:

Dr. Hal C. Wyman, Surgeon to the West-End Dispensary, Detroit, calls attention in the Medical Record of the 9th ultimo to what he considers a great abuse of the surgeon's privilege, in the treatment of fractures and injuries of the neck of the femur, especially in old persons. He regards the manipulation resorted to in such cases to determine the

presence or absence of crepitus as cruel and fraught with injury. It is the usual practice in the case of injuries in the region of the hip to flex the thigh on the abdomen, to rotate the limb and to do all other conceivable things in the effort to diagnose the precise nature of the difficulty. If crepitus is discovered the patient has fracture of the neck, but on this distinctive symptom's failure to show up, he has intracapsular fracture, if the other diagnostic signs can be discovered. Dr. Wyman asks what good can come to the patient from the determination of a distinction of that kind? "You may say," he continues, "that it makes a great difference in the treatment. So far as treatment based on that distinction is concerned, diagnosis is immaterial. You do best with these cases of suspected fracture when you use no restraining apparatus. Is it strange that the old lady (in the case reported) should turn out to have an ununited fracture or absorption of the head of the femur after the manipulation her injury was subjected to, then with weeks of confinement in apparatus to restrain the movements of the joint,to have the bed sores, and broken general health? No harm can come to a patient from an examination which consists in a careful interpretation of the impaired mobility and abnormal position of the limb, the length, flexion, extension, abduction, adduction, inversion, eversion, relatively of the injured member to its sound fellow. But beyond this the respecter of good surgery will not go. Take almost any case of ununited fracture of the femoral neck, and inquiry will show that the patient submitted to a deal of manipulation for purposes of diagnosis and adjustment of apparatus, at or about the time the injury was received. Any case of injury to the same part which has resulted in good union and useful limb, was treated on the let-alone principle i. e., making the patient as comfortable as possible with the limb in the position where the automatic action of the muscles of the thigh and hip places it. My own experience embraces not a few of these injuries, and I can say that I have found cases of suspected and known fracture of the femoral neck to do best when the patient was kept in the sitting posture, the tuberosities of the ischia resting on a hard seat, the feet side by side, and the legs bound loosely together. A hard seat is essential, for a soft cushion permits the tuberosities to sink so that the weight of the trunk and upper extremities is carried on the soft part of the gluteal region, comprising the sciatic nerves and giving rise to severe pain. Non-union is not a common result of fracture of the surgical or anatomical neck of the femur, no matter what age the patient may be, when this plan of treatment is followed."

Treatment of Gonorrhea.—D. Barduzzi reports in the Giornale Internazionale delle Scienze Mediche extraordinarily favorable results from cautious injections of a solution of corrosive sublimate, 0.01-0.03 to 100,0 aq. destill. This solution should be injected at an early stage of the case. Four or five injections daily of two grammes only are made. Thus only the anterior portion of the urethra is reached by the fluid.

Injection of Chloride of Zinc in Hydrocele.—Berthod, Gaz. Méd. de Paris, recommends the withdrawal of a small quantity of the fluid contents of the sac and subsequent injection of a ten per cent solution of chloride of zinc. The reaction is reported as quite severe. An acute inflammation follows but a rapid and permanent cure is secured.

CONTRIBUTIONS.

THE DRY TREATMENT OF CARBUNCLE.

BY C. H. HUGHES, M. D., ST. LOUIS.

What I mean by the dry treatment of carbuncle is an unirritating treatment without poulticing or cutting. I have not made the classical free incisions into carbuncle for twenty years and have never had the misfortune to lose one of my own cases. Of late years, however, being regarded as a neurological specialist (a term I very much dis-

like), within whose province these cases are supposed not to fall, I am seldom called upon to see carbuncle in its latest stages.

The cases which now come under my observation are those which come on incidentally as a part of the general neuropathic breakdown, most often following or occurring in the course of, an exhausting neuralgia, neuratrophic dyspepsia or general functional neuratrophia (neurasthenia) and anemia. Such cases are not rare in my experience and I prefer to manage them myself rather than to transfer them to the surgeon, and this is the way I treat them:

The carbuncle is first cleansed with a five or ten per cent solution of creosote, carbolic acid or chloral; the weaker or stronger solution according to the stage of destruction the opening being injected lightly. After this washing, dry the part with absorbent cotton (formerly, I used lint), and then apply tannin freely so as to thickly cover the whole carbuncular surface. Over this apply a piece of patent lint thickly spread with simple cerate. Let this dressing remain from twenty-four to forty-eight hours. Then renew the washing and the dry dressing.

Sphacelated membrane may be removed with the dressing forceps from time to time and very slight cuts may be made to facilitate this.

But the carbuncle does better if not irritated by the knife at all. Morphine may be sprinkled sparingly with the tannin for anodyne purpose if desired. The less a carbuncle is irritated by knife or caustics or untimely pulling at dead membranous shreds the better.

The less its vessels are dilated and circulation stimulated by warm poultices the better. There would be no objection to very hot water to the skin around the carbuncle.

The internal treatment is muriated tincture of iron, glycerine and arsenic, separately or combined, suitable laxatives, a highly nourishing diet and chloral hydrat in full hypnotic doses every night, not only for its tranquilizing and restful effect upon the cerebrospinal centres but because of its antiseptic power.

Very moderate quantities of the opiates (just sufficient to keep the patient free from pain and give a tonic support to the nervous system during the day) are likewise advisable, though I have treated very bad cases without opium and they had but very little pain.

An adjuvant remedy of great value and in constant use with me in the management of these cases is a constant galvanic current, employed, if the carbuncle occupies its favorite site at the back of the neck, so as to influence the circulation through the cervical sympathetic centre. This soothes always and may account for the absence of pain in many cases.

A patient with carbuncle ought never to be sent to bed, though he may have to take his bed. He ought never to be put on a low diet, and while he ought to be enjoined to refrain from harrasing business work and worry from the very beginning (for carbuncle is always associated with constitutional breakdown, most usually in the nervous system as well as with blood impoverishment),he should not be alarmed by suggestions of a probable fatal termination, but should be advised to keep out-doors, in good weather, all he can, taking exercise in a passive way, even if he only sits at a window or in a doorway on the sunny side of his house.

The following formula represents the writer's ordinary prescription for internal use:

℞ Tr. ferri chl., - - mxx
Glycerinæ, - - mxl
Liq. potas. Ars., - - mjjj.

M. S. Give three times a day in a glass of water through a tube.

The iron may be given as freely as in erysipelas. When it is so employed the Fowler's solution must of course be omitted from all but three or four of the doses daily. I have seen carbuncles occupying the whole of the back of the neck, one of them six and a half inches in its long diameter and five inches transversely and advanced into the third week before this plan of treatment was adopted, recover perfectly under it.

The chloral is not essential in the management of carbuncle nor is electricity, nor is anything except the creosote wash,the tannin dressing and the iron. Poultices and the early deep crucial incisions are positively detrimental.

—Sulphide of Calcium.—R. T. Benham, in a paper read before the West London Medico-Chirurgical Society on the use of sulphide of calcium in arresting and preventing suppuration, ascribes frequent failure to the smallness of the quantity administered. He regards the appropriate dose as 1 gr. in pill "per diem;" but if after a week no marked improvement had taken place, he increased the amount 1 gr. "per diem," or every few days, till 8 grs. daily was reached. He did not find that this produced toxic symptoms. Mr. Benham maintains that the action of the drug is not due to the formation of H. S., but rather to its direct absorption. He recommends it in phthisis, typhoid and small-pox.—Dub. Med. Press and Cir.—P. M. & S. J.

CLINICAL LECTURE.

SUB-ACUTE PARENCHYMATOUS NEPHRITIS.

A Clinical Lecture Delivered at the Philadelphia Hospital.

BY JAMES TYSON, M. D.,
Physician to the Hospital and Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.

REPORTED FOR THE REVIEW BY WILLIAM H. MORRISON, M. D.

Gentlemen, at our last lecture I presented a case which we recognized as an example of acute inflammation of the kidney, or acute nephritis, or, still more strictly, as acute parenchymatous nephritis. I shall to-day ask attention to a more advanced stage of this affection. The patient is nineteen years of age, and for a year past has lived in the eastern part of this city, working on the docks as a stevedore, from 7 o'clock in the morning until 6 o'clock at night. In August last, he was taken with intermittent fever of the quotidian type. This continued for about two weeks, at the end of which he noticed swelling of the feet, later of the abdomen and finally of the face. Just here let me call attention to the relations which exist between swelling of different parts of the body and diseases of different organs. In the majority of instances, abdominal dropsy is the result of hepatic disease, dropsy of the feet indicates cardiac disease and edema of the face suggests renal disease. This is the general rule, but it is not absolutely without exception. In this case, it is stated that the swelling appeared first in the feet. In this connection I wish also to call attention to the fact that the statements of patients as to the seat of the first appearance of swelling are not always to be relied upon. A man's face may be swollen and the swelling escape notice, but when the feet swell it at once causes difficulty in wearing shoes, and thus attracts attention. Abdominal dropsy may occur in kidney disease, but as a rule only in very serious cases, whether acute or chrouic. If there is abdominal dropsy with edema of no other part, I think that it may be laid down, as a rule, that the effusion is due to disease of some other organ than the kidney.

When this man was admitted, nine weeks after the swelling was first noticed, there was still much edema of the face, abdomen and legs. Examination of the urine at this time revealed numerous tube casts, mainly granular and blood casts.

A few words may here be said in regard to the significance of tube casts. A diagnosis can seldom be made from casts alone, but much assistance is often rendered by their study, so that the use of the microscope becomes of the greatest importance in the recognition of these affections. If there is one kind of cast which is more valuable in diagnosis than any other, it is the blood-cast. Given a typical blood-cast with blood corpuscles in a highly albuminous urine, it can indicate scarcely anything except an attack of acute Bright's disease or an acute exacerbation supervening on one of the chronic forms. There is another cast valuable in diagnosis, and that is the waxy cast. This is a cast which appears as a solid cylinder, as though formed of molten wax, but with a yellowish tinge. When this is found, it indicates with great certainty a case of chronic Bright's disease. Epithelial casts with the epithelium slightly altered, or it may be granular but not fatty, are also found in acute nephritis. Granular casts, which are so full of granular matter that when they are viewed with transmitted light under the microscope they appear black, may be found in acute or chronic Bright's disease. So, too, hyaline casts may be found in acute or chronic disease and in simple congestion of the kidney, as in that from heart disease. On admission, as has been said, blood-casts were found in this man's urine, and we therefore know that at that time he had acute Bright's disease.

Let us now study his condition at the present time, which is not less than three months after the beginning of the trouble, nor, if the disease began at the time the symptoms were noted, not over four months after its inception. Examining the lower extremities, we find the barest noticeable pitting on pressure, in the feet; but there is no edema of the legs or thighs. The same is true of the abdominal walls. There is no edema in the upper extremities or face. The circulation is good and the pulse is 84 per minute. The man states that he feels very comfortable and complains of nothing. Examination of the urine is, therefore, practically the only means by which we are able to arrive at a diagnosis. It constantly happens that in chronic Bright's disease there are no indications of disease except those derived from examination of the urine.

Let us then examine this man's urine, a specimen of which I show to you. As you see, it is pale and evidently of low specific

gravity. The urinometer shows that it is 1012, but I expected from its paleness to have found it still lower, even as low as 1005. Urine of low specific gravity associated with swelling of this kind is of more or less significance and means that the disease is of the sub-acute or chronic form. Of course, urine of a low specific gravity may be found in other conditions, particularly functional nervous derangements, but in Bright's disease a low specific gravity indicates that the inflammation has passed beyond the acute stage. The application of the ordinary heat and nitric acid test for albumen reveals its presence in considerable quantity. For practical purposes it is sufficient to indicate the quantity of albumen, when small, by the term faint opalescence; when the quantity is larger, by the term milkiness, and when the quantity is still larger by stating the proportion which the bulk of the precipitate bears to the bulk of urine tested, and for this purpose it is desirable to have a graduated test tube and to set the urine aside for a few hours in order that all the albumen may settle. The albumen will then be said to equal one-eighth, one-sixth,one-fourth, and so on, of the bulk of urine. Let me caution you against a common error. Not infrequently urine which contains one-fourth of its bulk of albumen is put down as containing 25 per cent of albumen. The expression 25 per cent means 25 per cent by weight, but the absurdity of such a statement will be seen when it is remembered that the blood contains but little over 5 per cent of albumen. Urine which contains 5 per cent of albumen becomes solid on the application of heat. Urine which contains one-fourth its bulk of albumen probably contains about 5 per cent of albumen. In the present case the urine contains perhaps about one per cent of albumen. Examination of this urine with the microscope shows that it contains hyaline-casts to which are attached a number of leucocytes, granular casts which are both moderately and highly granular and compound granule cells. I do not find on the one hand any blood-casts, and on the other hand I fail to find a single fat cast. The casts which are particularly valuable in distinguishing any variety of disease are wanting. We can not therefore rely much on the urine in making the diagnosis. I think that acute Bright's disease may however be excluded by the urine examination alone, and independently of the history. There is, however, nothing to show that the disease has passed to the chronic stage. What conclusion therefore is justifiable? This is important, because both the treatment and the prognosis depend on it. From the evidence at our disposal, I should say that this was a case of sub-acute Bright's disease. It is, however, a nice question to decide where to draw the line between acute, sub-acute and chronic Bright's disease. The advance made by some cases toward the anatomical characters of chronic disease is more rapid than in others.

If this man's kidneys could be seen, it would probably be found that they were enlarged, that the cortex was widened and that the uriniferous tubules were filled with desquamated, degenerated epithelium. The kidneys would be pale, because the dilated tubules, taking up more space than in health, squeeze the blood out of the capillaries and because the cells have undergone this degeneration. At the same time, this is not the typical large white kidney in which there are large areas of fatty degeneration. In such cases, the tubules contain not only granular matter, but also large oil drops. In the typical large white kidney numerous white spots, whiter than the rest of the region are found, both in the cortex and on the surface after the capsule has been removed. If these are picked out with a needle and examined with the microscope, they will be found to consist of tubules filled with oil drops. I think that this stage has not yet been reached in the present case.

Even in this stage, the prognosis is comparatively favorable. In the acute stage of Bright's disease it is well known that the prognosis is quite favorable, for a large majority of such cases, if taken in time and properly treated, will recover. As the case becomes sub-acute the difficulties of treatment increase. In chronic cases the probabilities of recovery are very much diminished. In this case, we may hope that the improvement which has begun will continue.

Before speaking of the treatment, I shall refer to the etiology of this particular case. This boy has not had scarlet fever. This is important for by far the greater majority of cases of acute Bright's disease are the result of scarlet fever, and many cases of chronic Bright's disease are due to the same cause. Are there other causes of this affection on which we can lay our fingers? There are a few, and one of these, although perhaps not worthy of the second place, is malarial poison. There seems reason for believing that the long-continued irritation of malaria is a cause of chronic Bright's disease. At least chronic Bright's disease is more common in intensely malarial districts. I,however,think that it is only in districts where the poison is more than usually intense. This may be said to

be the case along the river banks where this patient has worked. Another cause of chronic inflammation of the kidneys is long-continued exposure with frequently recurring wetting of the feet and chilling of the body. Still another cause of this affection is the use of alcohol, but in such cases it is difficult to say how much is due to the direct action of the alcohol and how much to the exposure which necessarily accompanies such indulgence. There are other poisons which, when introduced into the blood are capable of producing this condition. Among these may be mentioned the long-continued use of arsenic and the inhalation of phosphorus to which workers in match factories are subjected. Cantharides in repeated overdoses may act similarly.

I now come to speak of the treatment. The man has improved much since admission. The dropsy has disappeared and the albumen is diminishing in quantity. Probably the most important lesson which I can impress on you this morning is the fact that there is no direct and specific remedy for this form of Bright's disease. There is no remedy which can be given with the view of acting directly on the condition of the kidney. The treatment must consist therefore essentially, first in placing the patient under such favorable conditions that nature has an opportunity of reasserting herself and working a cure, and, secondly, in combating the symptoms as they arise.

The patient should be put to bed, protected from the operation of cold, and should have absolute freedom from work. Next to the bed, the best protection against taking cold is afforded by the using of woolen garments next to the skin. The regulation of the diet is important. It is desirable to use food which contains but little nitrogen for an important danger depends upon the accumulation of urea in the blood. The urea, which it is the office of the kidney to eliminate is comparable to the ashes of the fuel by the combustion of which a steam engine is run. It is not, as was formerly supposed, all derived from the wear and tear of the muscular system. Only a trifling portion of the urea arises thus, the greater part being derived from the food. It is evident that if a food which produces little ash is introduced into the system, the labor of the kidney will be diminished. The very best article of food under these circumstances is milk, because there is less ash, so to speak, after the consumption of milk than after the use of any other article of food. After milk come the vegetables. The greatest liberty may be allowed a patient of this kind in the use of vegetable food, provided the vegetables are digestible. Indigestible food must be avoided, for the nervous system of these patients is excitable, and just as a raisin in the stomach of a child may cause a convulsion, so an irritant in the stomach of a patient with Bright's disease may induce the same phenomena.

Meat contains a large quantity of nitrogen. Will you, therefore, take the patient off a meat diet? The answer to this question will depend on circumstances. If the symptoms are as urgent as in chronically contracted kidney, meat should be entirely excluded. A case like the present one need not be entirely deprived of meat, but may it be allowed once a day. Oysters, fish and the white meat of poultry, which contains less blood and less urea than the dark meat, are suitable. Eggs, the white of which is pure albumen, should be used cautiously. It has been experimentally determined that if sufficient albumen be introduced into the blood, as by ingesting a number of eggs, albuminuria will be induced, and the amount of albumen excreted will exceed that ingested, showing that it acts as an irritant. I should permit only the most moderate use of eggs in a case like the one before us, and in a case of chronic contracted kidney I should prohibit their use.

We next come to the treatment of the symptoms. If there is no dropsy or retention there is no occasion for diuretics. There is a popular idea that diuretics must be given as soon as Bright's disease is diagnosed. A proper secretion is necessary for the elimination of effete matter, and therefore if the urine is scanty, diuretics may be used, but diuretics seldom act unless there is a free action of the bowels. It is therefore more important at first to secure free opening of the bowels than it is to administer diuretics. Such action being secured, we may use to increase the secretion of urine and to prevent the accumulation of urea in the blood, digitalis, acetate of potassium, bi-carbonate of potassium or citrate of potassium.

I have already stated that there are no drugs which, by their internal administration can be expected to act curatively on such a kidney. This is correct, but at the same time, there is a rational measure which I have sometimes found decidedly useful in acute and sub-acute parenchymatous nephritis, and that is counter-irritation over the region of the kidney. This may be done by means of plasters containing pitch and very little cantharides, the warming plaster of

the shops; or, better, by a mustard plaster made by using equal parts of white of egg and glycerine as the menstruums for mixing, instead of water. The objection to the mustard plaster made in the ordinary manner is that it becomes painful too soon, while the object is to produce gentle but continued counter-irritation. A mustard-plaster made with one part of mustard to four of flour and mixed with the equal parts of white of egg and glycerine can be worn almost constantly. And so it should be worn. If at times it causes too much irritation, it may be removed at night and reapplied the following morning.

Cases of parenchymatous nephritis are less subject to uremia than are those of interstitial nephritis. If this should supervene, the treatment recommended in a previous lecture should be adopted. Jaborandi, or its active principle pilocarpin, may be employed. In extreme cases of convulsions, I do not hesitate to bleed. It does no harm to the patient to remove sixteen to twenty ounces of blood, while by so doing you remove a large quantity of the urea-loaded blood which is irritating the nerve centres.

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, May 30, 1885. The Vice-President, Dr. Jordan in the Chair.

Syphilis.

Dr. Lee read the conclusions of Siegmund, of Vienna,on syphilis and also an extract on the nature of syphilis, by Leloir

Dr. Bremer said that it seemed that a great many mistakes were made by general practitioners who once in a while see a case of syphilis and arrive at conclusions prematurely, building on isolated facts. Individual experience goes for nothing. It is only in great centres that an adequate idea of the true nature of syphilis can be formed. We know that the first ray of light as to the true nature of syphilis came from Paris, where the facilities for studying this disease are unsurpassed. There are some physicians who claim to have seen secondary syphilis after a soft chancre; but it is no proof that the latter was the cause of the former. Nothing is more firmly established to-day than the theory of duality. The greatest authority on syphilis to-day, Fournier, is a staunch upholder of this doctrine, and no one is in a better position to observe than he, with the exception, perhaps, of Ricord. Siegmund makes the assertion that syphilis is not to be treated specifically unless serious symptoms arise. Fournier's treatment is radical and thorough for the first few years, after it is established that secondary symptoms existed. We know the smallest sores and secondary eruption will give rise to the most formidable brain symptoms and it is on this account that Fournier insists upon thorongh and prolonged treatment. In regard to the discovery of the bacillus of syphilis, the researches of Lustgarten have been confirmed by Weigert and Koch. No pure cultures have been made, as it is difficult to obtain suitable material for inoculation, the lower animals not being susceptible to syphilis.

Dr. Johnson said that it was not the man who saw the greatest number of cases, but he who observed a limited number most closely, whose opinion was worthy of consideration. He believed that chancroid will transmit not chancroid, but also syphilis. He had cases of chancroid which he treated locally and internally. The latter treatment was not followed up by the patients and in consequence constitutional symptoms appeared. He thought that duality existed in the subjects contracting the disease rather than in the disease itself.

Dr. Ohmann-Dumesnil felt sorry that the last speaker was a unicist. Lustgarten's discovery had completely proven the dual nature of syphilis and pseudo-syphilis. The most important point is to determine whether the initial lesion is syphilis or not, and unless this be done correctly the whole after-treatment may be useless or injurious. A soft chancre may be hard and a hard chancre may be soft. The induration is dependent to a great extent upon the locality, and frequently infiltration is mistaken for induration. It is on this account that the speaker at the last meeting advocated the practice of specific treatment only after the appearance of the secondary symptoms. The appearance of those secondary lesions renders a doubtful diagnosis certain, but their non-appearance can be taken as a good indication that the primary lesion was purely local. Again,because a soft chancre has been treated constitutionally and after a period of rest, secondary syphilides appear, we are not justified in concluding that the soft chancre was the cause of the eruption, for an infecting

chancre may have been contracted after the cessation of specific treatment. Syphilitics and morphine eaters are notorious liars, and frequently it is only treatment which will establish the diagnosis in cases where doubt exists.

Dr. Hurt said that the soft sore and hard sore producing syphilis are synonymous so far as effects are concerned. The virus of a soft sore, not followed by constitutional symptoms, he thought differed essentially from the virus of syphilis.

Dr. A. Green said that the conflicting statements in regard to hard and soft chancres arose frequently from the fact that a patient would contract both at the same time and in the same place. He cited cases showing this. He further stated that in the majority of cases of soft chancre thorough cauterization will end the matter. Not so in hard chancre.

Dr. Alleyne said that we occasionally see a different form of the primary eruption than those which had been mentioned. He spoke of a case in which there appeared half a dozen papules which never opened. Despite treatment, relapses took place and serious nervous trouble followed.

Umbilical Hernia—Specimen.

Dr. Hendrix presented a specimen taken from a child four months and six days old. A week ago he saw the child, which had a small projection from the umbilicus, somewhat fleshy in appearance and which he considered omentum. There was oozing of blood, so he ligated and put on a pad. The next day he applied an umbilical truss. The projection receded and the child got peritonitis and died. On post-mortem examination adhesions were found and congestion of the omentum, and the skin around the part projecting seemed as thin as paper.

Dr. Hurt had seen this trouble in a child before, but had not attached much importance thereto. He had attended the mother in two labors and frequently thought that she had a constitutional taint, but could get no history on careful investigation.

Dr. Hendrix said that about a cupful of serum escaped from the umbilicus some time before he made the incision. There was no peritonitis indicated when the child was first seen.

Dr. A. Green thought that the child did not die of peritonitis, but septicemia.

Dr. Fry did not think that any portion of the peritoneum projected into the tumor, as it is a question with him how any portion of parietal peritoneum could project so much, nor did he believe that any portion of the larger omentum was included in it.

Dr. Meisenbach said that if it had been omentum there would have been more adhesions. To him it appeared like an ulcerated umbilical cord, which set up a peritonitis.

ILLINOIS STATE MEDICAL SOCIETY.

REPORTED FOR THE REVIEW BY LISTON H. MONTGOMERY, M. D.

The Thirty-fifth Annual Meeting of this Society was held in the First M. E. Church at Springfield, Ill., May 19, 20 and 21, 1885, beginning on Tuesday at 10 o'clock, with Dr. D. S. Booth, of Sparta, in the president's chair.

Prayer was offered by the Rev. Dr. W. F. Mushgrove, pastor of the church. He was followed by his excellency, Governor Richard J. Oglesby, who delivered the address of welcome. In the course of his remarks, he said,

"I extend words of hearty greeting and a warm welcome to the members of the Illinois State Medical Society at the capital of our state. As gentlemen, citizens and physicians I congratulate the people of our state that such a body of representative men were willing to leave their homes and practice to assemble upon an occasion like this. This is purely and absolutely unselfish, for the public good—you have in keeping the health and life of all the people of the state. The fact that you are here is a self-evident statement of how profoundly conscientious the profession, of which you are representatives, is and of the deep interest in the study of the science of medicine you are endeavoring to keep before the eyes of the world, and of the dignity of science which you represent to-day. I do not know a great deal of the science of medicine and surgery, yet I do know how dependent the world is upon you to diagnose disease. That you have learned to do from study and clinical experience. You are seeking by these annual assemblages to lift up above empiricism the practice of your profession. You want to separate it as far as possible from empiricism, false pretense, quackery, delusion and deception. Your presence in this College Capital is an evidence of your devotion to your profession. Much is said in a light and trivial way of the uncertainties about the result of practicing medicine. Yet you possess the only means short of the Benign and Supreme Being by which

we may be restored to health when prostrate with disease. Whilst you are engaged in scientific pursuits you are caring for the public health, and the welfare of the public. It is not so with the clergyman or lawyer. In your calling you must have hours and days of agony, especially whilst watching at the bedside of a dear friend whose life is despaired of. How are you to discriminate between diseases? In this the agony of saving or losing a patient must be without equal among any other class of educated men. It draws upon the soul and mind of the conscientious physician. You are often driven into the thickets of disease, either diphtheria, scarlet fever or when cholera or yellow fever has invaded our land. I therefore commend you and the objects of your college and this meeting and bid you hearty welcome to our midst. No ministers do the good that is done by the high-minded and conscientious physicians. We are apprehending cholera, and germs of unknown disease are in the air, and ever on the wing—you are on the alert for all these, and other pestilential diseases. I thank you for these few moments of earnest attention; and as your time is precious I will not detain you longer, but again extend to you a hearty welcome and commend your sincere and worthy motives to our citizens and bid you adieu.

On behalf of the profession, Dr. E. P. Cook, of Mendota, replied in a pleasant address, thanking the chief executive of the State of Illinois for his cordial expressions of welcome, and that the profession appreciated the fact that we are recognized by him in our field of labor to which we lend all our energies. Said the speaker, furthermore: We are the true student of the laws of perfection of beauty and form. Laws of human enactment are often crude. We know nothing of sectional strife;we are the true representatives of medical science; we watch man from the prenatal state to the end, and to all we apply balm to heal.

We are not forgetful of the duties of citizenship, nor unmindful of the same, nor of discussions around us.

We meet to-day in our annual gathering, at the home where lie the mortal remains of the martyr Lincoln at one of our National Shrines, who was physically, mentally and morally a noble patriot and great man. In conclusion, I have a secret to state, namely, that if, while we are here, the contest for a United States Senator cannot be decided among your legislators, that we have within our profession a number of gentlemen whose ability and national renown would well qualify them for that high position of honor, and of which I think they could be induced to accept. [Laughter.] Again, sir, on behalf of the profession which I represent, I thank you for all you have said of us, and for the hearty greeting that you have extended."

A report of the Local Committee of arrangements was read by the Chairman, Dr. B. M. Griffith, wherein was announced the regular order of business, as well as the receipt of a number of invitations to attend several receptions to be tendered by Gov. and Mrs. R. J. Oglesby, Dr. and Mrs. G. L. Matthews, Dr. and Mrs. H. B. Buck, Dr. and Mrs. B. M. Griffith, on Tuesday and Wednesday evenings.

The President, Dr. D. S. Booth, then delivered his address, whilst Dr. Plummer, the First Vice-President, occupied the Chair.

The President during his remarks, which for sake of brevity he termed "Hash," referred to that class of people who would pay more to save a small piece of property than they would expend in payment of a physician for professional service rendered, also to the misery that is often induced through hasty marriages. That young physicians should begin the practice of their profession where the older ones left off. In this connection he quoted the expression of a well-known writer, "He that hath nature in him must be great." Our young physician should study without season, i. e., (without a limited prescribed length of time) at the bedside, and he should be well advanced in the preliminary branches at least, for medicine cannot be learned among the ignorant and vulgar. At the top of the ladder there is abundance of room, whilst at the bottom of it, there is none for the young and ambitious physician to move; for to discover, improve and advance is the order of our day. He further illustrated his remarks by reciting the well-known passage, "Do unto others as ye would that they should do unto you."

Among a number of other well-known expressions that are selected were, that, "gentlemen are born and not made," the hybrid is an insult or outcry upon nature. The same may be said also of the mongrel. Medical Societies are doing great good, intellectually, socially, and morally.

He then referred to what was done at the ninth annual meeting of the Academy of Medicine that was recently held in Baltimore, whereat a committee of two were appointed to look into the subject and expediency of establishing State Boards of Medical Examiners. In this connection also he suggested that a committee be appointed from this So-

ciety to memorialize the Legislature to appoint a State Medical Examining Board.

For of what value or use is an unknown diploma? By this was meant a diploma from a poor college. His answer was, that it is an unknown quantity, and the doctor possessing it has not received a thorough medical training and could not, therefore, be expected to attain a high degree of eminence any more than an unlearned lawyer would be expected to become a judge. Yet, on the other hand, there are a certain class of physicians with but little book knowledge, that succeed well, because they have good judgment and are "hale fellows, well met," etc.

Specialities and specialists were next alluded to. A certain number who treat special organs know but little of the balance of the human system. And this of course should not be the case. Inherited predisposition is a valuable adjuvant to become a physician and was touched upon, for the chief end and object of all our studies is the application of medicines in the treatment of disease.

Regarding the female, she who has entered our profession,for one he welcomed her. If he was single,he would cast his matrimonial eye towards a lady doctor, for then, if he was married to her, and if he felt inclined to remain home from business "on account of having the gout," the wife would of course stay at home with him, for, aside from her being a physician, this mission of hers, of remaining home, would be one of love and companionship. And any man having a doctor-wife is to blame if she fail to perform these duties.

Evolution and reproduction from the early stage of the Graafian follicle to the fetus was referred to. Of measures to prevent conception and destroy impregnation he said, "abortion is a sin against the Holy Ghost, and to the woman who thinks it is a pleasure to avoid child-bearing, he would say it was a misnomer, and all excuse to justify her in doing so falls to the ground as naught and is against a just God."

Oftentimes sexual relations are very low. Clergymen have been known to commit flagrant sins, and afterwards become a party to a still greater crime, that of participating indirectly maybe, in the murder of an unborn babe.

But, to revert to the subject of the married woman. How many attain the age of forty, that are not sickly or who do not have impaired health. Why is it that the gynecologist is so frequently consulted, or more often than any other class of specialist? The reason is most likely because his patient has too frequently gotten rid of an ovum, or fetus, or because a woman is without sexual feeling or too weak to enjoy it. In other words, it is because a wife who has sinned often suffers most.

Regarding the young girl that has been deceived, she deserves the sympathy of the community wherein she has long been perhaps an esteemed member. She hides her shame; public opinion in her favor has not a feather's weight in the balance. Her deceiver,who often goes "scot free," should be made to suffer the penalty of the law.

Our girls should be educated; they should not be permitted to undergo much mental strain, as that of learning music, the classics, etc.,until within a few weeksbefore of menstruation. It is not right that they should be thus engaged from the years of six to eight on up to fourteen, but instead they should be out-doors, inhaling more fresh, pure air, until a more suitable time has been reached for them to undergo examination to forward them to the high school.

Brain growth, and body growth were each in turn dwelt upon. Also millinery sewing, and various kinds of industry and exercise for our girls, how they should be taught to perform domestic duties, so that their services may be in demand in case of an invalid mother. In this connection also, to more thoroughly emphasize his words, he quoted from Emmet's last work, page 20, to which the reader is referred. Further allusion and illustration on reproduction was instanced by the statement that the microbe is the most prolific in its production, and that a man has some chance to fight an enemy that he can see, smell, or feel, but with this species, whether it is called micrococcus, infusorium or bacterium matters not, we may not be able to combat readily.

The oculist, aurist, alienist, and neurologist were next alluded to, each in their individuality and field of labor,also the monomaniac with national peculiarities, etc. Great compliment was paid the gynecologist in this portion of his address in the statement that they are not to be ignored, and that they may make discoveries and give us a view of disease not yet thoroughly or accurately described or treated. They may advise us of things beyond time. In this respect he proceeded to quote from Dr. Hodgen's address delivered before the American Medical Association at Richmond. Va., in 1878. Bearing upon this subject, was also the statement that "man is an uncomplicated piece of

mechanism," which like the one horse-shay, may, after rendering years of service, if one spoke becomes loosened, break down or become disintegrated and become irreparable. Sanitation was referred to at some length, in which was the statement, "Be ye therefore clean in mind and body," mental purity in life will insure a clear conscience.

In conclusion, Dr. Booth stated that he thanked the members of the Illinois State Medical Society for the honor they conferred upon him one year ago in electing him to the exalted position of President of the society, His final remark was that success and happiness had marked our era, and he trusted that when our career had ended here below, that peace, success and happiness would be ours in the world beyond.

The delivery of Dr. Booth's address was concluded at 11:30, when, upon motion duly seconded, the same was received and referred to the Committee on Publication.

The society then adjourned until 2 P. M., so as to afford the members an opportunity to visit the Legislature that was in joint session for the purpose of electing a United States Senator. This doubtless had a salutary effect, as such was accomplished by the election of General John A. Logan U. S. Senator to succeed himself.

CORRESPONDENCE.

LONDON LETTER.

Editor Review: During the past week three cases of unusual medico-chirurgical interest have been brought before our societies of which I ihink many of your readers will be glad to have some account. The first concerns the artificial induction of pneumothorax for the control of hemoptysis. Dr. Cayley, senior physician to the Middlesex, but better known as an authority on the subject of fevers and editor of the new edition of Murchison's book, has the credit of having conceived this somewhat bold procedure. A young man, aged 21, was admitted into his ward for hemoptysis which had been going on for two days; with the exception of a slight cough his previous health had been good. The physical signs on admission were the following: The left chest was flattened in front and the expansion was much diminished; there was dullness on percussion over the scapular region and here there was feeble bronchial breathing; the breath sounds all over this lung were very weak and accompanied by moist rales; these signs were attributed to the lung being clogged with blood; the signs were normal on the right side. During the first four weeks after his admission he coughed up blood at intervals; on one occasion as much as thirty-two ounces at once; at the end of this period it was conceived he had lost in all about a gallon of blood, and his strength was seriously reduced. Under these circumstances Dr. Cayley determined to let air air into his chest in the hope that the consequent collapse of the lung would have the effect of compressing the lung and so arresting the hemorrhage. The operation was simple enough; an incision was made in the sixth space an inch behind the anterior fold of the axilla and a piece of drainage-tube introduced; antiseptic precautions were kept. The patient did fairly well at first but died rather suddenly on the fifth day; there had been a slight return of the bleeding on the night after the operation. At the post-mortem examination the pleura on that side was found to contain some recent lymph, the lower lobe and the lower part of the upper lobe were collapsed, but above the pleura was adherent; there were recent tubercles in both lungs, and an old cavity in the lower part of the upper lobe of the left lung, containing a blood clot which was found to communicate with a recent laceration in a branch of the pulmonary artery. The second case, which like the above, was read before the Clinical Society, was brought forward by Mr. Symonds. A man aged 23, had been admitted into Guy's Hospital under the care of the late Dr. Mahomed with symptoms of typhlitis and a history of previous attacks of the same nature. A hard tender swelling was readily perceptible in the right iliac fossa a little above Poupart's ligament, and the patient had noticed this in previous attacks; when the attack had someweat subsided the lump diminished in size and Dr. Mahomed determined to explore the iliac fossa. An incision accordingly was made as for ligature of the external iliac and when the hard mass was reached a vertical incision over it revealed the fact that they had to do with a calculus which was then removed; it was lying evidently in the vermiform appendix, but all attempts to trace the communication between this and the cecum failed. The usual antiseptic precautions were observed during the operation and the man made a good recovery though this was somewhat delayed by his own imprudence in going out of hospital too soon. The calculus proved on examination to consist of hardened fecal matter enclosed in a calcareous capsule.

The third case to which I referred was the case of removal of a cerebral tumor during life, of which I think I made mention in a former letter. Soon after the operation the case was briefly described in a letter to the Times, and used as a

strong argument in support of vivisection, as it was pointed out with perfect truth that but for the knowledge gained by experiments such an operation could neither have been devised nor carried into effect. So far as the immediate effects of the operation were concerned it may be said to have been very successful; the man died, it is true, but not from any return of his disease, but merely from an ordinary surgical sequela such as might occur after any operation, and as regards his original disease he derived very great benefit from the operation. The case was brought before the Royal Medical and Chirurgical Society by Dr. Hughes Bennet and Mr. Godlee the physician and surgeon in charge of the case respectively, and in the discussion which ensued Dr. Hughlings Jackson, Dr. Ferrier and Dr. Macewen took part; the labors of the two former having contributed in great measure to render such an operation a possibility.

I think these three cases would serve to remove any idea there may be that we in this country are lacking in boldness; it is often claimed for our continental neighbors now-a-days that all originality in the line of advance so far as operations are concerned has been found elsewhere than in England. The first of the cases which I have here described ought to suffice to dispel that idea; I know of no operation in modern times so completely original as that one, and I doubt whether it could be surpassed for boldness; that it would not be successful in that particular case might I think have been foretold with great probability of being correct, but I have no doubt that the time will come when the operation will be regarded as quite legitimately within the resources of surgery.

The agitation for a teaching university has broken out in a fresh place so to speak. What is really wanted is that the majority of men turned out to practise their profession shall have a legal right to call themselves "doctors." The Council of the College of Surgeons have now taken the matter up and have appointed a small committee to act with a similar body from the College of Physicians, to see whetner power can be granted to them to give their title of doctor to those who pass the examinations of the conjoint boards. If this were done most of the agitation for medical legislative reform would cease.

Yours truly, R. M.

NOTE OF CRITICISM.

St. Louis, May 26, 1885.

Editor Review: The reporter (!) of the proceedings of the late State Medical Association has been more critical and sensoriously so, too, than reportorial. I judge that the reporter is a very young man, who felt it incumbent upon him to enlighten your readers with his views rather than to give a plain and condensed record of the proceedings. For example, instead of commenting on the banquet speeches as "most of them in good taste, some a little labored and tedious," omitting mention of any remarks except those of ex-mayor Postgate and characterizing his speech as "the happiest hit of the evening," it would have been more of a report and less of a criticism and in better taste to have stopped with the simple report of the facts, since the members could form their own opinions and those who were absent would probably prefer data along with comments.

Such a report as this for instance, of the discussion following a paper, enlightens no one, is in bad taste and a rather cynical reflection upon the intelligence of the society, which if believed to be true had better have been unsaid:

"Some rather vague and rambling discussion followed, which, in some cases might possibly be regarded as illustrative of the subject under discussion."

Unless such was the verdict of the society generally expressed and properly recorded, the reporter ought not to have talked in this way.

Opinions appear too often in the report, where plain and unembellished facts would have been better. A report of a society's proceedings should be simply a record.

The last and least part of this report (!) on which I wish to remark is the following:

"Dr. C. H. Hughes then read a paper on 'Neglected Precursory Symptoms of Brain Disease.' A considerable part of this paper had already appeared in print and was read from the printed page by the doctor."

The caption of this paper was "Some Neglected Psychical Precursors of Brain Disease."

"If a considerable part of this paper had already appeared in print," which however, is not the fact, what business is that to the reporter unless malicious plagiarism, or false pretense, were apparent? A considerable part of every paper now written must, in a certain sense, reappear, but not in the sense apparently intended above. Two printed pages of the paper out of the thirty or more, were quoted from a previous contribution on a similar subject i. e., of "the psychical signs of general functional neuratrophia." Does the fact that symptoms have been noted and published once before in connection with a different subject preclude reference to them by the same author in illustration of another aspect of the study of disease?

I expect to continue to call attention to the "neglected psychical precursory symptoms of brain

disease," whenever proper occasion presents and respite from professional duty permits, until t eir real significance is acknowledged by the profession and brains that are now permitted to go to wreck for want of timely attention to these symptoms are saved, especially to such symptoms as have not yet found their way into the standard and common-place medical authorities.

This style of report is wrong. It hurts truth; its hurts individuals, it harms the profession. Unlike charity, it blesses neither him that gives nor him that recives. Plain unvarnished facts and facts unembellished even by brilliant opinions are best. Respectfully, C. H. HUGHES.

STATE SANITARY SURVEY OF ILLINOIS.

The first distribution of the blank inspection returns and accompanying instructions, embracing an aggregate of about 270,000 houses, was completed during the last week of the quarter. This distribution began with Alexander county and progressed northward to the tier of counties along the Wisconsin line, which was reached in ample time to prepare for work as soon as the weather would permit. Before the middle of the state was reached, responses began to be received by the State Board from localities in the southern counties, and by the close of the quarter 143 towns had been heard from. General public city has been given to this effort by the press of the state to secure which special circuolars were addressed the editors of 775 different publications.

A blank form for a tabular statement of these inspections has been prepared and printed,and is now ready for distribution. These will be furnished in duplicate sets, one to be returned to the office of the Board. They will show, at a glance the actual sanitary condition of any given house and premises at the date of inspection; and, in the event of Asiatic cholera, or other epidemic contagious disease making its appearance in a locality they cannnot fail to be of great practical value, not only to the authorities of such locality, but also to the Board, in indicating without loss of time the direction and manner in which its cooperation, advice or authority may be best employed.

Circular-letters have been addressed to the managers of all railroad companies operating in the state, urging immediate attention to the condition of the water-supply and of privies and water-closets at stations, shops, roundhouses and other places along their respective roads. Satisfactory replies have been received from nearly every company addressed, and some of the most important have already practically completed the required work.

County boards and officers in charge of public institutions—almshouses, jails, asylums, etc.—have also been requested to secure a thorough sanitary policing of such places, and specific instructions on the most important points have been furnished.

Copies of the blanks, forms, etc., prepared for this general work, have been furnished, on request, to the health department of Chiaago; and an excellent form of inspection return, modified to meet the city conditions, has been prepared by the Commissioner of Health, Dr. DeWolf, for an inspection of some 70,000 houses, It is proposed to complete the inspection of 50,000 of these, and to secure the correction of the defects thus disclosed by the 1st of June.

One of the encouraging indications of the interest taken in this effort to prepare the state against an epidemic is found in the large number of letters from private individuals asking advice, making suggestions, or expressing approval.

SANITARY CONDITION OF CHICAGO.

During the late quarterly session of the State Board of Health of Illinois, Dr. O. C. DeWolf, Health Commissioner of Chicago, was present by invitation to speak upon the sanitary condition of the city, the work in progress and projected, and the preparations for cholera. From the standpoint of the sanitarian, Dr. De Wolf said, Chicago was a clean city, although its muddy streets made it seem dirty. Its low death-rate and the failure of small-pox to spread, notwithstanding 35 introductions of the contagion since last June, showed it to be clean in a sanitary sense; and, the work now in progress and projected would, he believed, make it clean in appearance as well as in fact. Referring to the house-to-house inspection in the state at large, he said that the health department was also inspecting at the present time about a thousand houses a week in the worst quarters of the city; in a short time this would be increased, so that by the middle af June he hoped to have all that really required supervision thoroughly inspected and put in good condition. Some 9,000 tenement houses, which are usually a serious sanitary evil in all large cities, are under constant supervision, and he believed them to be as unobjectionable as it was practicable to make such buildings. If cholera should come the preparations were already completed to promptly take charge of the first cases, to furnish medical attendance and nurses, to depopulate an infected house or locality, and to carry out whatever measures were necessary to prevent any spread.

The thanks of the Board were tendered Dr. De Wolf by the President, for his very interesting and reassuring statement.

In the absence of Dr. Haskell, Dr. Kreider was appointed to act with Dr. MacKenzie as a committee of audit upon the accounts of the quarter.

DRAINAGE AND SEWERAGE OF COOK COUNTY.

At the afternoon session Mr. O. C. Guthrie, of Chicago, presented, by invitation, a brief outline of his plans for the sewerage and drainage of Chicago and its suburbs. Their important features embrace a study of the hydraulics of the Desplaines river, with reference to the effect of high water upon the cleansing of the Chicago river through the canal (by counteracting the action of the pumps), upon the integrity of the canal itself, and upon the safety of Chicago and Joliet from inundation.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 9, 1885. TO MAY 24, 1885.

Lt. Col. Edward P. Vollum, surgeon, granted leave of absence for three months, to take effect when his service can be spared by his Deputy Commander. S. O. 110, A. G. O., May 15. 1885.

A board of officers to consist of Lt.-Col. A. K. Smith, surgeon; Maj. J. C. G. Happersett, surgeon; Capt. Jas. P. Kimball, asst.-surgeon, appointed to assemble at U. S. Military Academy, West Point, N. Y., June 1, 1885, to examine into the physical qualifications of the members of the graduating class and the candidates for admission to the Academy. S. O. 106, A. G. O., May 9, 1885.

Maj. Jas. C. McKee, surgeon, sick leave of absence still further extended four months on surgeon's certificate of disability. S. O. 105, A. G. O., May 8, 1885.

Maj. Justus M. Brown, surgeon, from Department of the East to Department of the Platte. Capt. Calvin DeWitt, asst.-surgeon, ordered to the Department of the East. S. O. 105, A. G. O., May 8, 1985.

Capt. Joseph K. Carson, asst.-surgeon, leave of absence extended ten days. S. O. 109, A. G. O., May 13, 1885.

Capt. A. A. DeLoffre, asst.-surgeon, assigned to duty Fort Sissiton, D. T. S. O. 46, Dept. Dak. May 4, 1885.

Capt. A. A. DeLoffre, asst.-surgeon, relieved from duty at Ft. Sissiton, D. T., and ordered to to Ft. Totten, D. T. S. O. 52, Dept. Dak., May 14, 1885.

Capt. Louis Brechmin, asst.-surgeon, ordered for temporary duty at Ft. Omaha, Neb. S. O. 44, Dept. Platte, May 18, 1885.

Capt. John J. Kane, asst.-surgeon; leave of absence for seven days, extended one month. S. O. 109, A. G. O., May 13, 1885.

First Lieut. E. C. Carter, asst.-surgeon, leave of absence extended one month. S. O. 106, May 9, 1885.

First Lieut. Benj. Munday, asst.-surgeon, relieved from duty at Ft. Klamath, Oregon, and ordered to Ft. Walla Walla, W. T. S. O. 72, Dept. Colo., May 12, 1885.

—Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended May 16, 1885.—Fessenden, C. S. D., surgeon. granted leave of absence for thirty days, May 12, 1882. Goldsborough, C. B., passed ass't surgeon, to proceed to Moss Point, Miss., for special duty, May 16, 1885.

Mead, F. W., Passed Assistant Surgeon, U. S. M. H. S. Detailed as member of Board for physical examination of candidates for appointment as cadets in the Revenue-Marine Service, May 18, 1885.

ITEMS.

—Distinguished Honor Conferred upon a New York Surgeon.—The King of Greece, on April 5, last, conferred on Dr. Morris H. Henry, of New York City, the golden cross and created him an officer of the Royal Order of the Saviour. The honor was conferred for services rendered to medical science on the recommendation of the faculty of the University of Athens.

—Dr. Koch tells the following story about the origin of his cultivative experiments. He had been, like many others, trying various kinds of decoctions and infusions, when walking along the street one day he noticed a potato covered with a fungous growth, and it occurred to him that disease germs might thrive equally well on the same nutriment. This was the beginning of his wonderful experiments, and thus Professor Whittaker expressed it at New Orleans: "The potato was to Koch what the apple was to Newton."

—Dr. Robert Koch has been officially gazetted as Professor in the medical faculty of the University of Berlin. He has been made "Geheimer Medicinal Rath." His professorship creates a vacancy in the "Reichsgesundheitsamt." He will continue however as an "extraordinary" member of the Imperial Board and will take part in the discussion of all matters of prime importance.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

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EXTIRPATION OF THE THYROID GLAND.—In Friedlaender's Fortschritte der Medicin we find a resume of a series of experimental removals of the thyroid gland performed by Schiff. He finds that cats and dogs do not bear the total removal. Of sixty dogs operated on, only one survived. If however the left lobe was first removed and the right one twenty-five or thirty days later the animals remained perfectly healthy. If the interval between the ablation of the lobes was shorter than the above given time symptoms of spasmodic tremor, salivation, etc., developed; but the animals generally recovered.

Based upon these results Schiff offers the recommendation to remove the thyroid gland in man, if possible, only partially or if the total removal is necessary to carry out the operation in two sessions.

The subject is of great interest as having a bearing upon the cachexia strumi priva in man, described by Kocher of Berne.

Schiff further conducted a series of experiments that he styles "grafting of the thyroid body." The procedure and results are as follows: In a number of dogs Schiff performed laparotomy and introduced into the abdominal cavity a fresh thyroid gland removed from a second animal. If now the operation of total removal of the thyroid body in the first animal was performed during the period of resorption of the transplanted gland, then the animal survived the total removal in all cases. In a few animals there developed only a transient spasmodic tremor. If, however, the operation was executed after the complete resorption of the transplanted gland, then the animals invariably died.

On this as a basis, this most inveterate of vivisectionists intends to determine whether the simple injection of crushed thyroid substance, either into the abdominal cavity or, oft repeated, into the rectum, immeditely after the total extirpation, will not save the animals so operated upon. And possibly the thyroid bodies of other animals than the genus operated upon may answer the purpose.

Schiff theorizes that the function of the thyroid body is the production of a substance that is requisite to the nutrition of the cerebro-spinal system; and, that sudden deprival of this substance, which must follow the total removal, leads to grave nervous trouble and death. That the total removal of goitre in man is not always followed by a fatal issue, or even by Kocher's cachexia, Schiff assumes to be due to the gradual vitiation of the function of the gland and an immunity gradually so acquired.

Should Schiff's experiments prove a success, then the possible practical application in man would be the trial of trans-plantation or of injection of thyroid substance in cases of threatening cachexia following the total removal of goitre.

ABORTIVE TREATMENT OF TYPHOID FEVER WITH NAPHTHALIN.—Goetze, Zeitschrift für Klin. Med., reports 35 cases of typhoid fever treated at Rossbach's clinic with naphthalin. The resublimed drug with a few drops of oil of bergamot was employed in a dose of one gram for adults repeated five times per day. No other medicine was employed, excepting in a few cases in which antipyrin was exhibited. The patients were given from 70 to 150 grams during the course of treatment. In two cases only the remedy had to be stopped on account of persistent vomiting,

and in another one because of symptoms of intoxication, there being transient psychical disturbance, dark color of the urine, etc. In three cases the process was cut short in three days; ten cases aborted in a period of ten days; in four cases the fever, etc., did not exceed a duration of two and a half weeks. In the remaining cases the fever was not shortened in its duration, but showed itself quite tractable and was marked by a strong remitting type.

The three patients that had to be taken off of the naphthalin had relapses; of the ones that went through the treatment but one relapsed. Three patients died of serious complications.

Baths of Permanganate of Potash.—Hüllman (Archiv für Kinderheilkunde), recommends full baths of permanganate of potash, one gram to a bucket of water, as very effective in scrophulous exanthemata, in prurigo, eczema and intertrigo; also in the stage of desquamation of measles and scarlatina to prevent contagion.

The Bacillus of Syphilis.—In the Centralblatt f. Klinische Medicin there is contained an original abstract of the paper presented by Lustgarten of Vienna to the Fourth Congress of Clinical Medicine that met at Wiesbaden, April 8–11, 1885. Lustgarten found in the examination of syphilitic products a well characterized micro-organism that bears resemblance, both in morphology and behavior toward staining-fluids, to the bacillus of tuberculosis and of lepra, i. e., products classed as the so-called infectious granulomata. Lustgarten, following Koch, Weigert, Ehrlich and others, attempted a method of tinction and bleaching upon syphilitic products and, after many trials, the employment of permanganate of potash and sulphurous acid as bleeching agents led to the discovery of a specific element. In brief the method is as follows: Sections of tissue hardened in alcohol are exposed for twelve to twenty-four hours at an ordinary temperature and subsequently for two hours at a temperature of about 40° C., to the staining influence of a gentiana-violet solution, prepared by mixing 100 parts of anilin-water with 11 parts of a saturated alcoholic gentiana-violet solution. (This is the fluid devised by Ehrlich and Weigert for the tinction of the tubercle-bacillus.) Thereupon the stained sections are washed in absolute alcohol and are then transfered by means of a glass rod or platinum needle to a watch-glass containing a one-half per cent aqueous solution of permanganate of potash. In this the sections remain about ten seconds.

A brown precipitate of hyper-oxide of manganese is formed upon the specimens. These are then carried into an aqueous solution of chemically pure sulphurous acid Thereby the hyperoxide is gotten rid of and the specimen partially loses its color. Thesections are again, after being washed in distilled water, transferred to the permanganate solution and thence again to the sulphurous acid. Three or four changes as described suffice to decolorize the specimens. These are then washed in absolute alcohol, cleared up by oil of cloves and mounted in Canada balsam. The bacilli alone remain stained blue after this procedure. The bacilli of tubercle and lepra also remain stained after this process. But the micro-chemical reaction by which the bacillus of syphilis is distinguished consists in the fact that on exposure to nitric or muriatic acid the blue tint is lost, while the bacilli of tuberculosis and lepra retain it.

Cultivations of the bacillus have not as yet succeeded. The peculiarity of the bacillus is that it is always contained in cells, usually lymphoid in character, capable of active locomotion. Lustgarten demonstrated the bacillus in the secretion from condylomata and mucous patches and avers a diagnostic value for it equal to that of the tubercle-bacillus in sputa.

The dissemination of the virus is claimed to take place through the ameboid locomotion of the cells containing the micro-organism and the lymphatic channels are in first order the tracks of invasion.

Suspected Yellow Fever near New Orleans.—Together with the news of the differences detailed below we hear that on June 9, Dr. A. H. Fowler, of Gretna, near New Orleans, reported the death of a white child named Isabella Linten, as being a suspicious case which he believed to be yellow fever, the child having died in convulsions and black vomit, and having turned yellow after death. He reported the case to the Board of Health as a suspicious one and requested an examination. Dr. Holt, President of the Board of Health, Dr. Watkins of the Sanitary Association, Drs. J. P. Davidson and D. C. Holliday were chosen to make an examination of the case to see whether it was yellow fever. The child lived in Gretna, which is a suburb of New Orleans, on the other side of the river. It was first taken sick on the 5th, but the doctor was not sent for, and Dr. Fowler was only called on the 8th, a short time before its death. It vomited a substance like coffee grounds and had two convulsions, and died about 10 o'clock that night.

Dr. Watkins made the following report of the examination. When the body was examined four hours after death the skin of the hands and lower extremities was of a decided yellow, eye of a light canary color; the dependent portions of the body were congested and in some places somewhat black. This was especially the case with the eyes.

In the effort to trace any connection with yellow fever, it was found that the child's grandfather, a screwman by profession, had worked on the steamer Andean from Colon, Vera Cruz and Tampico, which arrived at New Orleans May 29, having been detained ten day sat the Mississippi quarantines tation. Dr. Holt, President of the Board of Health, after the examination by five physicians, declared the case suspicious of yellow fever. There was no reason for excitement, he declared. Every precaution would be taken, the closest surveillance observed and every sanitary regulation followed. It was decided to report the case to all the boards of health and give it to the press.

This is certainly commendable. The occurrence of this case so early in the season will give Dr. Swearingen's position a strong support among the residents of the Mississippi Valley. As we go to press we learn that the case in question has been determined, upon closer investigation, to be no yellow fever.

Progress of the Cholera Vaccination Experimemts.—We learn from the Medical Record that Dr. Ferrán has been conducting his inoculation experiments on a large scale in Alcira, a town of upwards of twenty-five thousand inhabitants, situated about twenty-five miles distant from Valencia. Almost immediately upon his arrival, when the object of his visit was made known, so many people presented themselves for vaccination that the virus was exhausted, and he was obliged to return to Valencia, to prepare a fresh supply. A correspondent of "Las Provincias," a newspaper of Valencia, writes that when Dr. Ferrán, in company with Dr. Pauli, arrived the second time in Alcira, they were greeted with almost an ovation, and crowds of people of all classes flocked around them to be inoculated. At the time of writing over two thousand two hundred persons had already been vaccinated, and there was apparently no diminution in the numbers of those who were waiting their turn, and the correspondent predicts that there will hardly be an individual in the city who will not have been inoculated at the expiration of Dr. Ferrán's visit. Two girls, in an asylum where the inoculations had been practised, had for some reason beenpassed over,and both of them were subsequently attacked, the other inmates remaining free. This occurrence soon became known, and created a profound sensation, inducing many, who had hitherto been incredulous or indifferent, to present themselves for vaccination. Outside of Alcira, also, the enthusiasm over Ferrán's experiments continues, and the journal "La Independencia Medica" has established a new department, called the "Sección Ferrániana,"

which is to be devoted exclusively to reports of these inoculation experiments. In the last number received of that journal two-thirds of its space is given up to this subject. In the presence of experiments on so large a scale as those of Alcira, we shall not long be left in doubt as to the value, or otherwise, of Dr. Ferrán's discovery."

State's Rights Quarrel.—As usual the State Board of Health of Louisiana is an a defensive attitude against the demands of its neighbors for a strict and sharp surveillance of yellow fever. It appears that State Health Officer Swearingen of Texas in a letter written May 27, 1885, protested against certain rules adopted by the Louisiana Board relative to the dreaded scourge. On June 9 Dr. Swearingen addressed another letter to the President of the Board of Health of Louisiana, in which he answers the criticisms of the board. He says the new rules require no detention of crews of vessels from infected ports, which he says is absolutely necessary. He further says:

The proposition that persons on an infected ship, or a ship leaving an infected atmosphere, are in danger until at least five days after the thorough disinfection of said ship cannot be denied. There is not a writer on the subject of yellow fever who limits the incubation to a less number of days and some go beyond it. The "regulations" of the "national board of health," the highest authority of this country or any other, declare that passengers under observation for yellow fever shall be detained for at least five days from the time of last exposure. When a vessel from a port where yellow fever prevails is taken charge of by your quarantine officer, it is a postulate that the vessel is infected. If not the transfer of cargo to the disinfecting warehouse is a useless and extravagent expense imposed upon the owner, and the invocation of steam fans to purify her a miserable mummery. If she is infected her crew is liable to receive the infection up to the very hour of her purification, and are not liable to show any evidence of it for several days thereafter.

As shown in the protest, your rules require no detention, and you publicly asserted that the new system rendered it unnecessary. Your sole reliance is in fumigation, steam fans and poisons. I freely admit that your process for applying these agents is ingenious and well worth a trial, but the protection offered is not alone sufficient. Fumigation has been often tried, and ten thousand monuments in the Mississippi valley attest its worthlessness. Steam fans may purify a ship, but they cannot render innocuous a man in whose blood the germs of yellow fever have found a home. Your poison may be a deadly agent for the destruction of that subtle, undiscovered entity that develops the epidemic, but when and where and how was the fact ever demonstrated?

A quarantine of detention and observation does offer a trustworthy shield against this great enemy of the south, and you abrogate it to risk everything upon a new plan for making an old experiment. I have no desire to dictate a policy for your honorable body, and the protest forwarded in the form of a circular letter was dispassionately and, I thought, respectfully offered. The manner of its reception was a surprise and the cause of much regret, but it will not divert me from the line of duty before indicated. Our differences of opinion, honestly entertained and fearlessly expressed, should not mar the friendship of years nor degrade our correspondence to one of charges and countercharges. We may both be in error—you by a commendable desire to promote the commercial prosperity of New Orleans, and I by adhering to old rules that have for nearly twenty yeaas excluded epidemics from the state of Texas. Let us throw aside individual and in a liberal spirit seek a medium that will neither embarras the business interests of the country nor imperil the lives of the people.

Disorders of Digestion.—From the London Med. Times (Medical and Surgical Re-

porter), we note the following extract from Dr. T. Lauder Brunton's lecture:

In the first lecture the lecturer had stated that the function of digestion, like health generally, might be strong or weak. A strong digestion was capable of withstanding all sorts of adverse influences, while a weak digestion remained undisturbed only under the most favorable circumstances. When any disturbances occured in the digestive function, no matter whether it were strong or weak originally, the first step towards restoring it to health was to remove, if possible, any disturbing causes which might still be acting upon it. One of the commonest of these was imperfect mastication. This frequently arose from too short a time being allotted for a meal, or from the mind being occupied during the meal with the idea of something to be done afterwards. Persons who took their meals alone very frequently read during them. But a solitary meal should be avoided if possible, for, the mere presence of a companion, and, still more, occasional conversation, acted as a pleasant stimulus, and tended to maintain the nervous activity referred to in the first lecture as an important factor in perfect digestion.

Another cause of imperfect mastication was the condition of the teeth. Sometimes the teeth and gums were tender, or one or more of the teeth might be decayed, and the discomfort or pain occasioned in them by mastication led people to bolt their food, or to masticate on the other side of the mouth, if the tenderness was limited to one side. When all the teeth are gone, the person might chew perfectly well, not only by means of artificial teeth, but also without them. The effect of thorough mastication upon the food would vary a good deal according to the nature of the food itself, and tough substances, which could with difficulty be comminuted, would be more indigestible than those which were readily broken up.

The fine subdivision of fatty food was of great importance in regard to its digestion. The more minutely the fat was subdivided, the more easily it was digested.

In regard to butcher's meat, also, there were great differences, depending both on the kind of meat used and its condition at the time of cooking; meat which was cooked before rigor mortis appeared, or after it passed off, was tender; but meat cooked while rigor mortis still existed was sure to be tough. In the case of game, the practice of keeping the meat until it was actually commencing to decompose, was not without some danger; for not only might the products of decomposition formed in the meat, before it is cooked, be injurious, but decomposion would be rather apt to occur more readily in the intestinal canal. The gastric juice, no doubt, had a considerable antiseptic power, and so had the bile; but these powers might be overtaxed, and eating high meat was one of the ways in which this might be done. It was, however, rather extraordinary to what an extent the consumption of decomposing food could be carried without any immediate injury, as was seen amongst the Esquimaux and Icelanders.

After referring to the importance of good cooking, and observing how unappetizing badly-cooked food was, the lecturer spoke of intemperance. The proper way to abolish drunkenness, he said, was to remove the thirst that led to it. The malnutrition which gave rise to a craving for alcohol might be a consequence of imperfect digestion, as well as of an insufficient supply of food.

But, besides cooking and mastication, a most important question had to be considered, viz.,the kinds of food a person might eat. In a healthy man, the best guide, both as to quantity and quality, was the appetite. Food eaten with a relish was, as a rule, wholesome. Too great a regulation of diet was sometimes very injurious. But the palate and the appetite alone would not serve as reliable guides to the quantity and quality of food. They had to be regulated by experience.

Dyspeptics might be regarded as a peculiar class of people, requiring fuller instructions as to diet than healthy people; and a few general directions to them were by no means out

of place. Thus, they might be directed to avoid new bread, buttered toast, muffins, and pastry, all of which were difficult to disintegrate. They might be told to eat fish, or to prefer meat which had a short fibre, like mutton, chicken, or game, rather than to take those meats where the fibres were long and tough like beef.

There were some substances taken with food which were utterly indigestible. Even when broken, like the kernels of nuts and almonds, they were sparingly digestible; and the same was the case with skins of fruits, and the harder fibres and the stalks of vegetables. Where the intestines were slow to act, such things as strawberries, raspberries, figs, nuts, prunes, and apples, might be allowed and even recommended; but where the intestines were irritable, all such things must be forbidden. Acid fruits were not only indigestible in themselves, but were apt to leave irritation behind. Some drinks were peculiarly liable to cause indigestion; for instance, sour wines, some kinds of beer, and tea. Tea was better borne by the stomach when taken with bacon or tongue, i. e., with cured meat, than with fresh meat, and it was partly owing to that fact that many people could drink tea at breakfast, who could not take it at any other meal. When taken two or three hours after lunch, tea brought on acidity, probably because the contents of the stomach were much more acid at that time that at any other. Amongst the poor the tea was so made as to contain a large proportion of tannin, which had an irritating effect; then, again, it was taken very hot; heat was a stimulant to the heart, but in this case, the heat would reach the heart directly through the thin diaphragm. Coffee had not such an irritating effect as tea, and cocoa was still less irritating.

Another cause of imperfect digestion was fatigue. "How often," said the lecturer, "do we find that the meal taken by a person immediately after a long railway journey disagrees with him, and either causes sickness, diarrhea, or a bilious headache. Forty winks after dinner is by no means a bad thing, but forty winks before dinner is frequently much better." Effects, somewhat similar to those of fatigue, might be produced by depressing or disturbing mental emotions, or bodily conditions. Different emotions appear to affect specially, not only different organs, like the heart or intestinal canal, but different parts of the digestive apparatus. Thus, disgust affected the stomach, causing vomiting; fear was seen, in some of the lower animals, to affect the rectum, causing defecation; compassion affected the small intestine, producing borborygmi; worry and anxiety, although they worked upon the stomach and lessened appetite, appeared to have a very special influence upon the liver. They sometimes produced jaundice, and not unfrequently caused glycosuria; indeed, most of the cases of diabetes in middle-aged persons appeared to originate in worry and anxiety.

In treating cases of indigestion, or the consequences due to injurious mental influences, the depressing cause must be removed if possible. If this could not be done, change of air and scene, with exercise short of fatigue, and in the open air, were serviceable. Bromide of potassium, either alone or combined with bromide of ammonium, was very useful both in leasening the sensibility of the nervous system to worry, and in procuring sleep.

Gastric tonics increased the appetite, loosened flatulence, and tended to diminish the discomfort and languor which were apt to accompany indigestion. Another class of remedies was that of carminatives, which tended to disperse flatulence. Amongst the most powerful of these were ethers and volatile oils of various kinds, charcoal, and subnitrate of bismuth, which, however, produced their effects in a totally different manner. Closely allied to carminatives, he placed stimulants, including alcohols and ethers. He was not opposed to the use of alcohol, provided always that it is used in moderation; the infirm and aged required a little wine.

Treatment might also proceed on other lines; the products of waste had to be removed; purgatives were used with this ob-

ject. A regular action of the bowels was important, not only by removing the indigestible residue of food, and thus preventing fecal accumulation, but by getting rid of some injurious products which had been formed during the process of digestion. Where the bowels were habitually constipated, a most useful thing was to give a small aloetic pill before the last food of the day, dinner or supper, as the case might be. The use of such pills might be continued for very many years together, without the least impairment to the general health. The saline natural waters, or the salts obtained from them, were best given the first thing in the morning, and should be either warmed or given along with warm water.

There were two kinds of biliousness, i. e. biliousness with two different conditions of biliary flow. In the one kind, the stools were clay-colored, from the absence of bile; in the other, the stools were either normal or dark-colored, from excess of bile. Certain bodies belonging to the aromatic series had a very remarkable action upon the secretion of bile—some rendering it much more watery than before; others, again, making it so thick and viscid that it would no longer flow through the biliary capillaries, whence jaundice resulted. A blue pill and black draught always proved useful in such conditions.

Closely connected with cholagogues and hepatic stimulants, there was another important class of drugs, namely, alteratives. Nitrohydrochloric acid was a favorite remedy, and a very useful one in biliousness, and chloride of ammonium was much recommeded. Another class of remedies was also useful in indigestion, viz., diuretics. By the frequent use of water as a diluent, either alone or with salines, the consequences of indigestion in regard to the lungs, heart, and head, might be often averted or remedied.

One of the most important methods of treatment consisted essentially in passive exercise and abundant feeding. Treatment by massage increased the nutrition, both of the voluntary muscles and of internal organs; and under its use patients, apparently hopelessly incurable, completely recovered.

The lecturer concluded with a brief reference to a case in which this treatment had proved eminently successful.

Cerebral Localization.—The Paris correspondent of the British Medical Journal writes:

M. Vulpian has recently shown, after having determined what is the minimum electric stimulus necessary to apply to the grey substance of the brain in order to provoke movements, that the same effects are obtained by a weaker current, if isolated electrodes (entirely covered by gutta-percha, except at the extremity) be allowed to penetrate the grey substance until they reach the white matter. He also affirms that epileptic attacks are provoked by stimulating the underlying white bundles by weaker currents of less duration than those used for stimulating the surface of the grey substance. Other experiments by M. Vulpian tend to show that the grey cortical substance is of quite secondary importance in the pathogeny of epilepsy. M. Vulpian has arrived at this conclusion from freezing the cerebral surface of a dog by methyl-chloride, and then applying an electrical stimulus, which provokes epilepsy. The results of his researches appear to be opposed to the doctrine of functional cerebral localization. They indicate that the nerve-fibres destined to transmit cerebral motor initiations from certain regions to a limb, for example, may issue from a certain circumscribed area without the superposed grey substance being necessarily a defined initiating area. M. Vulpian, in the course of his experiments,observed that in less than a minute after the last heart-beat, faradisation of neither the grey nor white cerebral substance provoked the slightest movement of either the limbs or the face. This demonstrates that, among the higher order of mammals, the cerebral substance loses its motor stimulus as soon as the circulation is arrested in the nerve-centres.

The Cholera-Bacillus From a Public Health Point of View.—The controversy

between Messrs. Watson Cheyne, and Klein as to the exact standing of the comma-bacillus is exciting much earnest discussion in England. Thomas Whiteside Hime writes of the practical aspects of the question as affecting the Public Health, as follows:

As one specially interested in the subject of public hygiene, I have always made it my business to follow the researches as to the nature and diagnostic value of the comma- or so-called cholera-bacillus.

The subject is not merely of local or even national importance. The rapidity with which cholera can travel, the frightful ravages due to its epidemic violence, and the great facilities offered for its spread by the increased means of communication between different countries at present, render this subject one of universal importance. Up to the present time, there has existed the greatest difficulty in diagnosing cases of severe English cholera (cholera nostras) from the Asiatic cholera.

In consequence of erroneous diagnosis, unnecessary panic and great commercial loss have been many times caused by the announcement of the occurrence of a case of Asiatic cholera, which was really only English cholera. And, what is still worse, epidemics of Asiatic cholera have been allowed to grow to formidable proportions before their real nature was discovered. Hence the great value which Koch's discovery assumes, if it offers, as he says, a certain and easy means of diagnosing between two diseases very different in their fatality, but not dissimilar in their symptomatology.

The German government at once recognized the value of Koch's discovery from this point of view. It has arranged that medical men from various localities shall have the opportunity of studying in Berlin, under Koch's personal superintendence, the nature and mode of artificial culture of the cholera-bacillus. Already 150 medical men have gone through the bacteriological course in the Imperial Sanitary Institute, and are now in a position, within forty-eight hours, to diagnose whether a suspicious case is one of Asiatic cholera or not. The apathy hitherto displayed in this country, although certainly not less interested in the question than the German government, is not a little surprising. So far as I am aware, there is no public institution in Great Britain where a person anxious to study this most important and recent branch of experimental pathology can do so. I have had to avail myself of the resources of a private one, and I believe that our Government possesses no laboratory where researches of this nature can be carried on, but is obliged to depend on the resources of private individuals, or of the Brown Institute.

Dr. Klein, who was sent to India, after Koch's return, to investigate the matter in the light of recent discoveries, does not admit, the specific character of the comma- (cholera-) bacillus, and has nowhere expressed an opinion in favor of its diagnostic value. It is most perplexing, indeed, that he has not expressly stated his opinoin on this capital point. In a recent number of the Journal he states that "they (the comma-bacilli) are therefore the result, and not the cause, of the disease." Now, if they are an invariable result of Asiatic cholera, and are the result of no similar disease, their presence as a diagnostic sign is quite as important as if they were the cause, instead of the result. The discovery of a scarlatinal rash, the result of the specific infection, is of quite as great value as a diagnostic sign as would be the discovery of the microbe to which the disease is due. This being the case, it is most surprising that, in view of the possible recrudescence of cholera on the continent, and of its invasion of this country, Dr. Klein should not advise the government to take steps to utilize Koch's discovery. If, however, his silence on this point is to be taken as a denial of the diagnostic significance of the comma- (cholera-) bacillus, then we are landed in the difficulty, that the official adviser of the English government stands in direct opposition to the unanimous opinion of the great majority of those who are capable of giving an authoritative opinion on the

subject. In this country, one of the ablest bacteriologists, Mr. Watson Cheyne, is publishing a series of papers in the Journal, in which he very ably maintains the accuracy of Koch's results. Surely the point is deserving of immediate decision, so that the government and the medical officers of health throughout the country may be relieved from any doubt.

I would suggest, as the only way of deciding the contradictory experiments of Dr. Klein and Mr. Cheyne, that they be repeated before a competent commission. Neither of the gentlemen named need consider such a reference to arbitration as in the least derogatory, and a decision of the disputed points would be of the utmost importance.

It is well known that on many occasions the novel and surprising discoveries of Pasteur were received with open doubt, and even disbelief, at the Academy of Sciences in Paris. Confident in the accuracy of his methods and the correctness of his conclusions, he several times claimed the appointment of a commission of experts, before whom he repeated his experiments. Koch has, apparently, not hesitated to act in a similar way, in calling together a commission of scientific men to see and discuss his experiments. There are a number of men among ourselves well able to supervise and test experiments of this kind. I need only mention the names of Tyndall, Lister and Burdon Sanderson. I believe that the appointment of such a commission would be highly satisfactory. May I hope that the Association, on whose behalf Mr. Cheyne is reporting on the subject, will take the initiative in this matter? The Association has specially involved itself in the investigation, and ought at once to justify its selection of Mr. Cheyne as its research scholar, by having his experiments tested, and his conclusions proved to be warranted or not.

Secondary Cancerous Deposits Originating by Inoculation. — Wm. Browning contributes to the Annals of Surgery the following abstract of an article by Prof. Dr. Kraske in the Centralblatt für Chirurgie:

"Creditable cases of one person catching cancer from another do not exist, although a few cases are known which indicate that a kind of auto-inoculation may occur, i. e., that secondary deposits may develop by separation of tumor elements and their inoculation in parts of the affected person more or less removed from the primary seat. Virchow noticed this method of propagation in connection with ventricular cancer extending to the serosa; here a multiple eruption of cancer often appears on the peritoneum, not uniform all over it, but often at distant points, especially such as would catch material running down the smooth abdominal surfaces, e. g., the region of the lateral vesical ligaments, the recto-vesical, recto-uterine, or utero-vesical excavation. Small, isolated tumors, secondary nodules, start up in these localities as though from seed that had been sown. Lücke has seen an ulcerated cancroid on the edge of the tongue inoculate the buccal mucous membrane of the same side; at least there was an analogous tumor which began later and was separated from the primary neoplasm by the healthy tissue of the bottom of the oral cavity, gum and lower buccal fold. Kaufman described a case of cancroid on both the dorsum of the right hand and the right conjunctiva bulbi in a woman of 81 years. He assumed that a frequent rubbing of the eye with the back of the hand had inoculated the conjunctiva. In the same category belong the very interesting flat-celled epithelioma (plattenepitheliom) of the stomach in conjunction with the same form in parts above, cases to which Klebs has called attention by three striking illustrations. In one case of ulcerated epithelioma of the esophagus he found two similar, large nodules below the cardia. Again, at the autopsy of a man who had suffered cancroid destruction of the face, with perforation into the mouth, pharynx and antrum Highmori, he found a tumor 5 cm. in diameter on the larger ventricular curvature; it had the same structure as the primary growth above. In a third case there was, in addition to a large epithelioma of the dorsum of the tongue, 5 or 6 round, slightly elevated

nodules on the larger curvature of the stomach; these showed the same structure as the original tumor. Klebs assumes that in his cases the secondary ventricular deposits arose by implantation of neoplasmic elements from the primary tumors. Another recent case by Ebse presented seondary tumors in the lower pulmonary lobes after perforation of the trachea by an esophagus carcinoma.

Kraske adds two observations which he thinks belong in the same class. His two cases related to cancer of the rectum high up. (*a*) Woman of 52 years. Three weeks after successful extirpation of the cancer he found two lentil-sized nodules in the remaining rectal mucous membrane directly above the sphincter. These must have existed at the time of the operation and have been separated from the upper tumor by at least 10 cm. of healthy tissue. The secondaries were excised, and showed exactly the same structure as the primary tumor, an ordinary columnar-celled cancer. No relapse had recured five months later. (*b*) Woman of 43 years. Both primary and secondary were here removed at one sitting. The latter was 10 cm. below the former; was situated immediately above the anus opposite the columnæ Morgagni, where the rectum is covered with layers of pavement epithelium, and yet it had identically the same structure as the upper tumor, a columnar-celled carcinoma. Therefore in this case the smaller tumor was surely secondary.

K. admits that none of these cases furnish a direct proof of inoculation, though strong evidence. Ordinary metastatic origin, through the lymphatics and general circulation, i. e., emboli, is possible, though very improbable. Such an explanation would be very forced, since no other secondary tumors developed. There is also no reason to consider them parallel to the peculiar eruption of nodules about mammary cancer. He points out that the conditions for development here are as favorable as in embolic metastasis. One reason why such inoculation does not more often occur is the necrotic condition of most material cast off from the surface of such growths.

Kraske's observations have a certain practical interest. Kraske found that in operated cases of high rectal cancer, where the lower, apparently healthy, mucous membrane was spared, it was frequently the the seat of relapse. He concludes in harmony with accepted teaching that it is advisable to extirpate the rectum in toto, the external sphincter if possible excluded.

Results of Treatment of Fractures of the Patella by Wire Sutures.—In the Lancet Messrs. Lynch and Ogier Ward report three cases, one treated by back splint, the others by wire sutures.

In the first case, caused by indirect violence the separation was very great, but not much effusion. It was treated by a back splint and an arrangement of elastic springs to bring the fragments into apposition.

The other two cases were wired antiseptically, and both did well. The appended table gives briefly the points for comparison:

	Confined to bed.	Crutches or sticks.	Further delay in resuming work.	Total time lost.	Could kneel after accide't.
Case 1.	6 weeks.	19 weeks.	2 weeks.	27 wks.	9 mos.
Case 2.	4 "	2 "	7 "	13 "	6 wks.
Case 3.	3 "	2 "	4 "	9 "	5 "

Postural Method of Treating Dilatation of the Stomach.—Dr. Tytler writes to the British Medical Journal: A recent case, in which I had recourse to the above method of treatment, may perhaps be of interest. The patient had for some months suffered from debility and lowness of spirit, with loss of appetite, uneasy sensations in the epigastrium, and occasionally obscure pains in various joints. Prior to this, she had been in robust health, with excessive appetite, and used to amuse her friends by exciting splashing sounds in her stomach. When she came under notice, she vomited, every second or third day, semifluid brown yeasty matter. By applying a hand to either side of the abdomen, succussion-sounds could be easily elicited. After trying various remedies, such as rhubarb and soda, etc., with only tempora-

ry benefit, I suggested washing out the stomach with a siphon-tube. As both the patient and her relations were not agreeable to this, I resolved to try the effect of posture in relieving the stomach. I made the patient lie on her back on the sofa for two hours after every meal, with a small pillow placed below her buttocks, and restricted the diet to fluids (milk and beef-tea). The effect of the first application of this posture was to cause vomiting almost immediately. However, I insisted on pursuing the treatment; and the vomiting soon ceased, and she began to feel better and less uncomfortable about the epigastrium. A tonic of iron and strychnine was given three times a day. After a little while, she was persuaded to go out, after applying a tight binder to the stomach, but still to keep on for some hours the postural treatment after eating. In the course of a few months, the patient had regained her old energy and spirits, but was advised to be still careful with her diet, especially as to quantity.

The rationale of this procedure is obvious. Owing to the relaxed and flabby condition of the walls of the overdistended stomach, the food comes to hang below the level of the pylorus in the flaccid sac, incapable of emptying itself in the ordinary postures of the body. By elevating the lower end of the abdomen, the contents of the stomach are brought on a level with the pylorus, and thus put in a position to pass on in the natural way.

Chloride of Gold and Sodium in Some Nervous Affections.—In an interesting paper on this subject (Medical News, Maryland Medical Journal), Dr. Robert Bartholow relates some important facts bearing upon the use of gold as a therapeutic agent. Gold is mentioned as a valuable remedy in the treatment of melancholy in medieval history, and afterwards it was used by the Arabians and Italians. Its therapeutic powers are grouped under three heads:

1. According to its so-called alterant effects.

2. According to its action on the nervous system; and

3. According to its urinogenital properties.

Referring to the preparation used, Dr. Bartholow prefers the double chloride of gold and sodium, which he prescribes in the dose of one-twentieth of a grain. In this quantity, twice or three times a day, it appears to have, as its primary action, the power to promote constructive metamorphosis, to improve the globular richness of the blood, and to increase tissue-strength. The tissues yielding most readily to its use are the connective, and especially those of pathological formation. Hence the remedy is considered especially useful in sclerosis, whether nervous, hepatic or renal. In posterior spinal sclerosis, and in chronic interstitial nephritis, Dr. Bartholow has found the gold salt very efficacious. When used in locomotor ataxia, early and persistently, it has seemed to him to have the power of arresting the disease. Dr. Bartholow has observed excellent results following the use of the gold chloride in many cases of fibroid kidney. In a form of hypochondriasis, coincident with the onset of degenerative changes in the cerebral vessels, he has found gold and sodium chloride very effective. When persistently used, the uneasiness in the head, the vertiginous and other abnormal sensations subside, the mental oppression at the same time clearing up.

In certain affections characterized by spasm, as asthma, laryngismus stridulus, and singultus, Dr. Bartholow has seen this remedy act surprisingly well. In urinogenital affections the gold has great value, and cases of chronic albuminuria have been observed in which the curative effects of the remedy have been most conspicuous.

In certain cases of sexual debility, in dysmenorrhœa with scanty menstruation, and in chronic metritis the persistent administration of gold and sodium chloride has done much good. Dr. Bartholow indicates the direction in which the remedy promises to be useful, but is of the opinion that wider and more varied experience is necessary to fix its real position. It seems to us from this state-

ment,made by Dr. Bartholow,that the remedy in question possesses very valuable powers,and is destined to awaken considerable interest. Its actions and uses are worthy of most careful study.

Sclerotinic Acid in Epilepsy.—From Le Progrès Médical (American Medical Digest) we learn that in December, 1882, four epileptic children were treated with the following solution:

℞ Sclerotinic acid, - grs. vijss to xss.
Distilled water, - - fl℥ ijss.
Carbolic acid, - - gr. xss.
M. S.

Each injection should contain from gr. 1-25 to 1-12.

For hypodermic use, the dose has not been greater than gr. 1-12. The duration of the treatment was six weeks for one child, which died; six and a half months for two others, and seven months for the fourth.

For internal administration the acid is given in an aromatic adjuvant (julep), morning and evening. Eight epileptics have been treated in this manner, the dose of sclerotinic acid progressively increasing by about gr. 1-6 every week. The average duration of treatment for these eight patients was three hundred and fourteen days. Of the twelve patients treated by both methods, only five have been improved. These results are not very encouraging, but, under the circumstances, it may be worth while to experiment still further with this drug.

CONTRIBUTIONS.

LOCAL TREATMENT OF THE PHARYNX.

BY GEORGE RICHTER, M. D., ST. LOUIS, MO.

Affections of the pharynx prove to be quite intractable as a rule, in spite of the apparent ease with which it can be reached. But the fact is that the pharynx though easily seen, at least in part,does not so readily admit of local applications as is desirable. With us it is a rare thing to see a normal pharynx. The respiratory apparatus, especially the nose and larynx, are exposed to a large number of deleterious influences: Inhalation of dust, sudden changes of the temperature of the air, breathing of smoke, gases and the like. The digestive apparatus also is subject to a great many insults, mechanically and chemically nocuous substances acting upon the lining membranes. Tobacco-smoke and juice, too hot or too cold drinks and eatables, alcohol and what not will injure the surfaces. Now, there is one place where all those injuries, which affect either the digestive or respiratory tracts, will act simultaneously and where there is added "insult to injury;" that is in the pharynx,at the crossing or junction of these tracts. But while mouth and nose may be freed from such injurious agents with comparative ease, the same cannot be done so easily in the pharynx. The pharynx may be divided into three regions, the naso-pharynx, situated behind the nares and above the palate; the oro-pharynx, which is exposed to view when the mouth is opened, and the laryngo-pharynx. The naso-pharynx, is bounded principally by immobile walls. There is hardly any power of contractility by which mucous accumulations or foreign substances can be ridded. The oro-pharynx is not very movable either; the laryngo-pharynx a little more so, however. From the fact that the pharynx rests directly upon the cervical vertebræ, its muscles are so very little effective. To "clear the throat" does not usually mean to clear the larynx with a cough, but to clear the pharynx proper by the too well-known noisy, process of hawking and spitting. This clearing of the throat is done in different ways, according to the three different regions of the pharynx. The laryngo-pharynx is cleansed by swallowing, sometimes by vomiting; the oro-pharynx calls for coughing and hawking; the naso-pharynx by blowing the nose or drawing air and phlegm through the nose into the lower pharynx, to be removed thence either by swallowing or spitting. The phlegm collecting on the inflamed surfaces is generally of a very tenacious character, requiring repeated and energetic attempts ou the part of the muscles, so causing an increased irritation and inflammation. I do not believe that either tongue or soft palate have much to do with these movements excepting so far as the act of swallowing is concerned. To relieve the distress caused by the collection of phlegm in the pharynx and by the ineffectual attempts at "clearing the throat," the removal of the mucus is attempted in different ways, and so arise the modifications of the local treatment of this region. Simple swallowing will at least reach the lower parts of the pharynx

and is very often sufficient in the treatment of small children. Oftener the practitioner prescribes a gargle. But it is well enough known and may be demonstrated in every case, that a gargle, if not accidentally swallowed, will hardly ever reach any part of the pharynx; it cleanses the palate, the tonsils, and the tongue, only.

The use of sponges, probangs, brushes and the like is often of no avail. With the probang we reach a small part of the oro-pharynx, which, together with the palate, at once contracts and objects to such ill usage. A little rougher handling of the probang will also reach the laryngo-pharynx, and very rarely and with doubtful benefit, the naso-pharynx. Everybody knows how much of the phlegm remains in the pharynx after such attempts. Another drawback of the probang is, that the patient cannot handle the instrument himself, as a rule, and that attendants rarely show proper tact in using it. A very favorite method with many is the use of the steam-atomizer, the spray-apparatus with their numberless patent modifications. The general impression is, that the spray will reach all parts of the pharynx, and when drawn through the nose will also act upon the retro-nasal cavity. It is a pity that the spray cannot be localized to the pharynx. Though most of the remedial agents used do not cause much damage in either the nose or the mouth, entrance into the larynx and trachea cannot be avoided, and the latter organs will react upon anything that is strong enough to act with effect upon the pharynx. Besides, even often repeated and long continued applications of spray and steam will be very slow in work; being quite diluted with water, and following the general air current so strictly, more will escape into the larynx or be quickly swallowed down than reach or remain on the diseased surface. If all this were not true, the treatment of "catarrh" would not be such a slow and tire some affair. It is for this reason, that the treatment of the whole surface by the galvano-cautery has been recommended and successfully performed. It appears to be a very radical cure. Still it would be preferable, if the "catarrh" could be cured and the lining membranes preserved. In a number of cases this end will be gained by gargling properly, that is, by washing the pharynx actually with an appropriate solution. To do this, have the patient sit down on a common chair, with the mouth half full of the gargle. The back of the patient ought to rest against the back of the chair. Then order the patient to throw his head back, raising the chin as high as possible, the mouth opened wide and and the tongue protruded. In this position, with open mouth and protruded tongue the patient must try to swallow. This of course is impossible. The larynx is pressed against the vertebræ, and closes the esophagus effectually. But the muscular contractions of the palate will allow the contents of the mouth to flow into the pharynx, which causes a sensation as if the whole had gone down into the stomach. Now make the patient gargle, and the gargle will be found in the pharynx, washing the whole of it. If now the mouth be closed, or rather clapped together, and the head thrown forward and downward, the whole gargle will find its exit through the nostrils. The method is not easily executed and usually requires a number of trials, best in the presence of the doctor, who should give the consecutive commands and look into the mouth of the patient at the same time to see whether the gargle flows into the pharynx or not. If gargling in this wise be done daily with either pure water or an appropriate solution, catarrh in its earlier stages can be easily cured.

LECTURE.

SANITARY IGNORANCE AMONG HIGH AND LOW.

BY ALBERT L. GIHON, A. M., M. D.

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Delivered under the auspices of "The Committee on Hygiene and the Relations of the Profession to the Public" of the Philadelphia County Medical Society, in the Hall of the Scciety, April 18, 1885. Taken from the Medical and Surgical Reporter.

It is a hazardous undertaking to set out to tell people how ignorant they are, and I risk some such another commentary as once reached me, sotto voce, from an indignant listener in an audience to which I was denouncing the hour-glass shaped abomination to which women cling as tenaciously as they make it cling to them—"he would look a great deal better if he had one on himself." Look thyself in the mirror which thou holdest before me, is not unreasonable retaliation upon the one who goes about pointing out motes in others' eyes. However, I do not mean to claim that I am one whit wiser or better than my fellows, but willingly don sack-cloth and ashes with them, and join in

the chorus of confession that we are all miserable sinners—as I hope to show we really are —and here that I may have my gentler auditors at least feel not unkindly towards me, I may premise that I do not propose to single out the weaker half of humanity as targets for invective, and deal them ungallant blows they cannot return if they would, and thus leave the fertile themes of corsets, high-heeled shoes, phantom underclothing, and other feminine follies for some bolder cynic.

Without further preface, then, let us together glance cursorily over some of the leaves of the book of knowledge, which, doubtless, we have all read, and which we ought therefore to know all about, but which we have forgotten to keep in mind or put in practice. Such an inquiry is most opportune, for the gradually increasing attention given to sanitary matters, which is very greatly the result of the work of the American Public Health Association, has been quickened by the well-grounded fear of the epidemic prevalence of cholera. State boards of health are being strengthened and established where they have not heretofore existed. Local boards are being burnished into working order, and a Sanitary Protective League of Citizens has been organized in the city of New York, which is the Gomorrah to the Philadelphia Sodom of sanitary ignorance and evil-doing.

But whence is it that in this nineteenth century of civilization and enlightenment, there should be such a degree of sanitary ignorance as to furnish occasion for this sanitary revival? If I mistake not, this very civilization, especially this Christian civilization, of which we are so proud, is at the bottom of our want of knowledge and misdoing. It is a cardinal tenet of our belief that the world and the flesh, and the devil are the three especial things to be abjured. I shall not undertake to be the advocate of the personage last mentioned, nor will I at this time enter my earnest protest against the wholesale contemning of this fair world of ours; but I do most energetically insist that this despisal of the body is the foundation of all the sanitary ignorance which has filled the earth with disease and crime. I am very well aware that the theological significance which learned divines give words is not always their literal sense, but double meanings are foreign to the genius of our pure Saxon tongue, whose ringing monosyllables mean just what the humblest hearer of them understands them to imply. The condemnation of the human body as something too gross for human consideration, is the logical sequence of the denunciation of the flesh as utterly vile and sordid, and man has been led to torture and maim and degrade it as the surest way of winning favor with the Almighty Creator, who, nevertheless, formed it, we are taught, in his own image and likeness. The medieval acceptance of the doctrine filled cloisters with very dirty, however pious, monks and nuns; and though the gospel of uncleanness has been less fervently preached in our day, it is rare even now to find a preacher as orthodox as Dr. Cuyler, to dissent from good Isaac Watts when he invites us to join in hymning: "What worthless worms are we!"

I suppose the assertion will hardly be contested that man is the acme of all created things, and what is man apart from his corporeal expression? Is it possible to conceive of him except as we know him in the flesh? His psychical abstraction is evolved out of the substratum of his physical individuality. He can only be identified by his material form and substance—and this we know to be the most marvelous and complex—the most mysterious and beautiful of all the objects in the universe. The most superficial student of nature cannot but regard with awesome admiration this inimitable mechanism. Follow it from its beginning, in the conjugation of two microscopic cells, and their amalgamation into one, which thence develops into embryo, fetus, infant, youth, and adult man or woman—he whose dominion is over every living thing that moveth upon the earth—she who embodies the imagination's highest ideals of surpassing lovliness—is this a thing to be despised and loathed? The ignoring of the importance, grandeur and beauty of the human body is common to both educated and uncultured. The latter does not know, the former does not reflect—that the conscious ego has no demonstrable existence independent of the aggregation of organs and apparatus, which constitute the body. The spirit tenant might chafe unheard, unfelt, unknown, if the avenues of the senses were all closed, and consciousness, emotion, thought, be never manifested, were the brain, out of which they are evolved, not rightly formed. Cerebral localization is an assured fact in modern physiology, and the advanced neuropathologist can point to the very spot where the insane fancies of the morbid mind have their origin. If a little patch upon the brain, or a tiny clot within,, can transform the man of genius into a driveling idiot; if an insignificant break in the course of a nerve trunk can convert the athlete into a helpless mass, or an almost imperceptible defect in one of

the organs of the senses be enough to shut out all knowledge of which that had been the gate how watchful ought to be our care of this wondrous complicated structure. Islets and atolls rise from the sea, the work of swarms of insignificant zoophytes; likewise multitudes of microscopic living cells course through vessels so small that they scarce allow their passage, carrying the material out of which other tiny workmen build the archipelago of the brain. Cripple or thin out these little builders—give them no straw or only wretched clay with which to mould their bricks—choke up these narrow lanes through which they must reach their destination—the building can neither be sightly, sound nor stable; and what is true of one organ is true of all. A well-conditioned body must have all its parts well-developed and be kept well-nourished, and only such a body, so soundly constituted, can perform properly those functions, whose sum is what we term life, and whose harmonious action is what we mean by health. A broken arm can as well wield a hammer as a morbid brain secrete healthy thought, or a diseased sensorium reflect a normal sensation. The *mens insana* is the product of perverted physical conditions, and in most instances these are imputable to human ignorance and folly. Man, then, being known to us by this bodily presence, which is creation's masterpiece, and which must be sound in structure in all its parts, that their manifold offices may be well performed—one would think that no persuasion would be needed to make this selfconscious, reasoning creature zealously guard from harm this mechanism which makes him what he is. Yet in truth, this life of the body is one long course of shameful ill-usage, and it may be profitable if you and I reflect upon some of the instances in which, in common with our neighbors, we have wilfully neglected our bounden duty to ourselves.

Were I to pick out the most heinous of our offenses against the body, I should single the neglect to properly nurture it as the one preeminent—and every rotund auditor here mentally exonerates himself from that fault—but man does not live by bread alone, nor by fish, flesh and fowl. The solid components of his body are few and small beside that one all-pervading gaseous element, which nature provides for him without stint and cost, in the air which surrounds and permeates every tissue of his frame—and he is niggard of it because of its very abundance and cheapness. High and low, rich and poor, the wise man and the fool, rival in ignorance of the absolute need to health of a limitless supply of fresh, pure air. Their dainty stomachs will reject unsavory food, and their delicate hands shrink from the touch of unclean things; but they will greedily and recklessly take into their lungs to be incorporated in themselves viler nuisances than any of the visible filth they have smelt or touched or tasted; for notwithstanding its æriform condition it is as much filth as the fetid ooze of the sewer or the solid putrescence of decomposition. The living germs of disease, the effete particles of human waste, microscopic impurities volatilized by heat and moisture, fill the air and are wafted to and fro by its ever-shifting currents. To realize how these intermingle, watch the little clouds of condensed vapor which on a winter's day are emitted from the mouths and nostrils of a lot of passengers, to be again inhaled into some neighbor's lungs, and you all know how far off even in the open air you can sniff the fumes of a rank cigar. Pack the crowd a hundred-fold denser in some fashionable drawing-room, where gas jets and furnace contribute to further befoul the air, and though the circling clouds of germ-laden, mephitic vapors are not visible, are they not there? Do not the bejeweled, satin-clad belle and the beau *en grande tenue* breathe with unconcern a vile mess of abominations, which, given shape and color, would be a sorry counterpart to their affected refinement. Yet you may see very learned judges, very profound literati, very sapient doctors, wedged in this same seething mass of humanity seeking what they call pleasure. There are high in station, the favorites of fashion, society's select few, who in contemptuous ignorance of the plainest sanitary teachings imperil health because others do likewise. This is no rare spectacle. It may be witnessed in the finest salons in this city, where the highest social enjoyment, which unlimited means provide, is the massing of human beings in fine clothes in a dense jam, where every possible sanitary law is set at defiance, where the fragile woman discards her accustomed undercloth-ing for unaccustomed exposure, isloaded with what the appetite does not where the stomach not yet rid of its dinner, crave nor the body require, and where the organic exhalations from the lungs and skins of hundreds of human beings are commingled with the products of respiration and combustion to make an impure atmosphere in which they revel for hours. There will be headache and lassitude and malaise on the morrow, which in this locality will be attributed to malaria, *mal air* indeed—air surcharged with microbes

and zoospores, and what not else, but nevertheless not the malign and maligned air of the marsh. Recall the racking pain and nausea experienced after an evening of this sort, and then ask yourself if you are one whit less blameworthy than the red-eyed, swollen-visaged victim of bacchanal indiscretion. The one is being tortured for the villainous hydro-carbons he has forced upon his blood through his stomach; the other just as deservedly tormented for the no less abominable compounds with which he has loaded it through the lungs. Is the folly of the well-bred, high-born habitué of the salon any less an exhibition of sanitary ignorance than the insensate indulgence of the low frequenter of the groggery?

Nor are kettle-drums, teas, or evening routs and receptions, the only occasions when the blood is deliberately poisoned by foul air. The words of the gospel are wafted to the listening sinners' ears, on waves of air not less offensive for being the atmosphere of a crowded church. The judge sits in a court-room where the poison of ochlesis can be tasted as well as smelled. From the galleries of the halls of Congress, one can sniff the living vapors which reverend senators and representatives breathe. Wherever human beings are aggregated—in church, in court-room, in legislative hall, in theatre or lecture room—here where we now are—there is the same heedless, ignorant disregard of what should be the first demand upon the architect—such a system of ventilation as will secure to every individual the supply of oxygen his health imperatively demands. It is the last thought of the builder—beauty of the façade, the splendor of the internal decoration, the comfortable seats, the brilliancy of the illumination, and especially the capacity of the heating apparatus, are the allurements which first attract the frequenter. Even in dwelling-houses, windows are listed, doors doubled, every chink and cranny filled to keep out the cold, though in doing so every outlet of fresh air is closed. Where provision is made to warm the air admitted for ventilation, either this is drawn from the cellar or immediate surface of the ground, both objectionable especially in malarial localities, or it is overheated till all its water is driven off, and its organic constituents are partly burned, or as in one recent instance in my knowledge the apparatus for heating the entering air is in convenient proximity to the open vent of a sewer, and how far this influence extends both sight and scent will indicate if you but watch the course of the rising clouds of foul-smelling vapor from a corner inlet on a frosty day. That it is not soldierly bravery, defying danger, but stolid ignorance of its existence, which is the explanation of the indifference of the general public to the purity of the air they breathe, is proven by the liveliness of their fear of draughts, which these very people manifest when a door or window is opened and its effect felt. Intelligent men and women placidly sit in railway cars, in which every ventilator is closely shut; and whoever has the hardihood to open a window to give his own lungs momentary relief from the burthen of foul air, is sure to excite the ire of some pallid, shivering creature, whose frail body has been made so, in all probability, by the very means used to avert sickness. It is always some living cadaver, hollow-eyed and hungry-looking, wrapped to his eyes in a muffler, who hastens to shut the door left open by some other, who has the commendable habit of never closing one. To appreciate what men can endure without complaining, observe the thick offensive atmosphere they deliberately breathe by the hour in a crowded smoking car. They would scorn to drink water not so foul, and rather not bathe at all than use it for the purpose.

DeChaumont has shown from a large number of observations that the sense of smell, carefully employed, gives a very fair idea of the amount of impurity in an air-space, and that the scent of organic matter is perceptible to this sense before the coincident carbonic acid gas due to respiratory or personal impurity reaches two parts in ten thousand, which may, therefore, be assumed to be the measure of the maximum amount of such impurity admissible in any properly ventilated place. When this reaches nine parts, the organic matter is so great that the air is oppressive and offensive, and the limit of differentiation by smell has been reached. The apartment is what is ordinarily but most inexpressively termed "very close;" and however much greater the impurity, it is still nothing more than a close room. Now in smoking cars, Nichol's analyses show an average of nearly twenty-three parts in ten thousand, and this is not incredible when you reflect that the average air-space per individual in a railway car is only about forty cubic feet, while a human being requires a supply of over fiftyy cubit feet of fresh air a minute to maintain it in good respirable condition. Even in so great an air space as ten thousand cubic feet per head, the limit of admissible impurity will be reached in a little over three hours, but passengers will sit and sleep for many hours in

these cars, with every door, window, and ventilator closed, and gas-jets or oil-lamps each consuming almost as much air as the human burner, and carry away with them the germs of insidious maladies that afterwards develop in what, at the time of their outbreak, is considered a most unaccountable manner.

The multiptication of the comforts of civilized life is doubtless greatly to blame for the enervation of the wealthier classes. Overheated and ill-ventilated dwellings and places of resort and recreation, stuffy and foul-smelling street cars, that are used however short the distance to be traversed, that monstrous abomination, a Pullman sleeping-car, which a century hence will be exhibited in illustration of the crudeness of these times —these and other contrivances to secure ease and luxury combine to keep the individual breathing the greater portion of the day a vitiated atmosphere, which saps his vigor, and leaves him a prey to any of a dozen maladies. I once resided in a neighborhood famed for its social inimitability, and, having many occasions to leave the city at a very early hour in the morning, I observed that my own were the only chamber windows in block after block of residences, that had been left open all night, and subsequently, when I expostulated with some who were acquaintances, they insisted that night air was mal-air, and must be kept out—without reflecting that day air was not then to be had indoors, even where it of better quality, and that gas-lights, furnace-fires, water-closets and human exhalations, with possibly the added contributions of pet dogs and cats, made a mess that no marsh-product could compete with. Is it not lamentable sanitary ignorance which, in trying to steer clear of the Scylla of intermittent, wrecks one's barks on the Charybdis of diphtheria and typhoid?

But what shall we say of that other product of modern civilization, the unventilated schoolhouse? I use the adjective as descriptive, not distinctive, for all school houses are unventilated. The prowess and prestige of a race depend upon its physical vigor, and the foundation of this is laid during its childhood and adolescence. One does not expect prolific fruits from withered branches, nor fine cattle from scrawny, ill-favored young, but the human race is recruited at the veriest hap-hazard. The male inheritor of a line of constitutional taint mates another endowed with kindred or dissimilar evil tendencies, and the resulting offspring are naturally cursed with both. Your daughter's fancy, which opposition only intensifies, selects as the husband of her choice one who bears within him the indestructible seeds of congenital or acquired disease, which will consume both her and her wretched progeny, and whom it were better she should die than wed. Your son's whim makes her the object of his passionate longing, whose fragile body, stripped of the artifices of dress, caricatures that womanhood whose maternal duties she is unfit to assume, and whose marital responsibilities she is unable to fulfil. Erom sallow, attenuated, spindle-legged young men as fathers, and flat-chested, fleshless, weak-backed mothers, what manner of children can come into being? But the deplorable sanitary ignorance that leads to these results does not stop with this. As though the aim were to do the greatest possible harm to the greatest possible number, and thus retard over-population in a way Malthus never contemplated, even the hardy youngling is sent to school to be poisoned by bad air, and succumbs sooner than his feebler companions, whose very ailments make them tolerant of other harmfulness. To appreciate the unwholesome atmosphere the children of this day breathe, let any man or woman with lungs fit to perform their healthy office, for the valetudinary is himself a poor judge of sanitary matters, enter the school-room after it has been an hour occupied. The mawkish odor of over-respired air, recognizable by one coming from outtdoors, is not sensible to the superintendents and instructors, who are themselves immersed in it, but its lethal influence is written, as the term advances, in the pallor and tired looks of themselves as well as the children, and is atributed to excessive study or application.

Now, all this is not mere exaggerated fancy. Dr. Bryce, Secretary of the Provincial Board of Health of Ontario, states that, of the five-thousand children attending school in Hamilton, in the year 1882, six-hundred were absent during the month of January, as many in February, in March slightly more, in April a few less, and in May, when windows could beopened, and the fire in the stove was out, the number reported fell suddenly, to fifty per centum of the previous month. In June it was still lower. In September, after the holidays, a small number only was reported sick. In October, when the fires began, the number ran up, and crept up until in December it attained the highest point in the year. One child in every ten had been made sick by going to school, and this not an unfair assumption when we know that the average floor space of these children was only eight feet, in one

school only two and a half feet, a condition of things for which no degree of education can be compensation.

[TO BE CONTINUED.]

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, June 6, 1885. The President, Dr. Atwood in the Chair.

ENDOCARDITIS—SPECIMEN.

DR. DEAN said that G. S., aged 34 years, entered the City Hospital in 1875 for a spinal trouble, having loss of motion and impaired sensation in the lower limbs. The sphincters, however, were intact. He regained motor and sensory power, talipes equinus remaining. A plaster jacket was applied, the abscess opened at the site of injury and healed. In 1881 he left of his own accord. On May 14, 1885, he was readmitted, having paresis of the lower limbs. On June 4 he died. At the autopsy the cord was found smaller and a small abscess to the right of the spinal lesion. The brain and other organs was found normal except the heart. in which were found a hard,quite large, white fibrous clot in the right ventricle. This seemed to be the cause of death. The specimen showed this clot.

DR. BREMER states that a portion of the serous membrane, where the clot had formed, was inflamed. He stated that an alteration of the endothelium of the heart or vessels was necessary for the formation of thrombus. He spoke of endothelium in general and concluded by stating that it must be intact to prevent the coagulation of the blood coming in contact with it.

DR. DEAN stated that evidence of endocarditis was present. There was redness and roughness of the serous membrane about the valves and in the right ventricle.

DR. PREWITT said that there was no question of the influence of the endothelium in inflammation, but he did not think it had so much importance in the formation of blood-clots. The latter was a different condition. He wished to know what observations had been made to show this.

DR. BREMER premised that he supposed a proper distinction was made between ante-mortem and post-mortem clots. In the former the fibro-plastic and fibro-genetic elements of the blood unite and form the clot. Inflammation takes place exclusively in the capillaries, the white corpuscles transmigrating into the peri-vascular spaces. In the blood-vessels the white corpuscles do not go through the walls, but adhere to them and form a thrombus, and the structure of the serous membrane of the heart is the same as that of the interior of the blood-vessels. In this case there must have been some chemical agency suspended in the blood to produce this.

DR. DEAN stated that some parts of the clot adhered very closely, and it was evident that there had been a limited endocarditis.

DR. PREWITT said that Dr. Bremer's statement, as far as the formation of blood clot was concerned, was very interesting. Every one knows that it is a common thing to find white heart clots in cadavers which would be taken for ante-mortem. The question to him was what changes in the intima would determine the difference between an ante and a post mortem clot. Does every such case die of endocarditis? If we admit that there is a change in the endothelium whenever the man dies we are begging the question.

DR. BREMER remarked that all clots found in the heart after death that are not adherent are post-mortem and the product of post-mortem action. Every time that an ante-mortem clot forms there is inflammation and it adheres to the endothelium. And its formation is due to an inflammatory change in the endothelium.

DR. DEAN said that we can often tell macroscopically the difference between an ante mortem and post-mortem clot by the consistency, lamina, number of blood corpuscles, etc.

DR. PREWITT, whilst willing to admit that an attenuation of the endothelium would dispose to the formation of heart clot in endocarditis, he would not say that it was essential to the formation of all clots. If so, we must admit that endocarditis exists in very many cases, or some other means must be given to distinguish the difference.

DR. BREMER rejoined by asking if Dr. Prewitt ever saw a case of adherent clot in the heart with no evidence of inflammation of the endothelium.

DR. PREWITT had never noticed this, as his attention had never been called to it.

DR. MUDD said that the clots that Dr. Bremer spoke of were always ante-mortem and the result of inflammation. Besides these are the ordinary ante-mortem clots, which are

always non-adherent and due to the causes which determine death.

INJURY OF ANKLE—RESECTION—AMPUTATION—SPECIMEN.

DR. PREWITT presented a specimen of a foot and ankle obtained from a man who jumped twenty-five feet off a scaffold. He fell on his feet and sustained a compound fracture of the ankle and an injury of the spine. The tibia was comminuted and driven down into the foot. The question was as to saving the foot, resecting, or amputating. On examination it was found that the foot could not be saved. Resection was first tried,but the shortening was so great and the tibia split up so much that amputation was resorted to and treatment by the open method devised by Dr. Link of Terre Haute. This method is an excellent one,insuring thorough drainage, and it is rare to have septic symptoms.

DR. MUDD did not wish to discuss the specimen. The operation was proper and he endorsed the circular amputation. He was not so sure as to the correctness of treating it as an open wound. During the last year he had used the corrosive sublimate wash and bone drains, and he believed that an amputation could be dressed this way with the expectation that if it failed by first intention suppuration would be avoided. He considered it very superior to Lister's dressing.

DR. BORCK had seen some of Dr. Link's cases, and they got along admirably. In regard to drainage and permanent dressing the surgeon should discriminate. If he can make a clean operation a permanent dressing is proper, as it will heal without suppuration in any event.

DR. PREWITT was far from disparaging antiseptic treatment, whose sole purpose is surgical cleanliness. In his case there was more or less extravasated blood and the tissues did not present the appearance we find when an amputation is made through the healthy structures. In such a case there would be much risk in trying to secure union by first intention. He detailed some cases in which septic symptoms disappeared upon treating the wounds by the open method.

—Confidence.—A doctor visited one of his patients the other day, and producing a bottle, said, "If you take some of this medicine every hour, and have confidence in it, you will speedily recover." Next day the doctor saw that none of the medicine had been taken, and asked the cause. "Wey, thoo said," was the reply, "aa had te tyek it an' hev confidence in't. Aa sent te aall the shops roond aboot, an' they aall said they had ne confidence in stock!"

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, June 6, 1885.

Editor Review: Dr. Richard H. Derby read before the Academy, on Thursday evening, a very interesting and highly practical paper entitled, "Contagious Ophthalmia in Some of the Orphan Asylums and Residential Schools of New York City." The doctor included under the term contagious ophthalmia various forms of eye disease such as might be resultant therefrom. He condemned strongly the neglect of using proper prophylactic measures as well as the inefficient treatment which these cases received. He looked upon this lack of attention on the part of the authorities as particularly inexcusable since it is a disease so amenable to treatment. Among the 7,440 children contained in the institution which he had visited 19 per cent. had eye disease. It was also found that among those children who were examined in school rooms there were localized groups affected, a fact which of itself indicated the contagious character of the disease. It is often customary to send those children affected to their homes in ill-ventilated tenement houses, a thing least calculated to cure the disease.

Dr. Roosa in discussing the paper strongly advocated the starting of a new hospital for this class of disease.

Dr. Mittendorf was of the opinion that the crowding of large numbers into one building not only favored but also rendered an outbreak of the disease more severe. He favored the cottage plan of building such institutions as being in every way conducive to health.

Drs. Taylor and Edson, of the Board of Health, have been making investigations at Plymouth, Penn., to determine how far the spread of tne disease was due to water pollution. They came to the conclusion that the epidemic owed its origin to the drinking of the mountain water; the discovery having been made that between the third and upper reservoirs the excreta from a typhoid fever patient had been thrown on the snow. The mountain water consisted of rain water and melted snow and was partaken of freely after they had ceased pumping river water.

The Paris Roads epidemic was recently investigated by Dr. Herman Biggs, of this city, and found to be a malignant type of diphtheria.

For the past few years the County Medical Society have been making most strenuous efforts to suppress and prosecute all illegal practice of medicine. The result of this movement has not

proved so successful as was anticipated. The intricacies of the law and the difficulties of obtaining positive evidence is such as to render it extremely difficult to obtain action against the offending parties. It was also found that after the society, at the expense of several hundred dollars, had succeeded in convicting a person, making them pay a fine of $50, he would immediately resume practice, it being much more desirable to resist the law and if necessary pay a small fine than to yield up a lucrative practice. It was thought by many of the regular members of the profession that the United States Medical College were issuing bogus diplomas, yet, not finding sufficient evidence to convict, an amendment of its charter was obtained on the ground that it was an illegally incorporated institution. Through the active efforts of several interested parties among whom were Dr. Robert A. Gunn, a bill was introduced before the legislative bodies to legalize the diplomas of the 112 men who passed degrees from this institution. This bill was successful, principally from the fact that the men who attended this school supposed it to be a legally qualified institution. Dr. Gunn, who is now Dean of the New York College of Medicine and Surgery, has been actively engaged in getting a bill through at Albany incorporating this college. His efforts have thus far proved futile. The public and the profession have been recently startled by the news from the Executive Chamber that the grave charge has been made against Senator Coggeshall of soliciting a bribe to influence his vote on the last mentioned bill, Dr. Gunn being the accuser. Despite the senator's strong denial of the charge, the doctor has as strongly reiterated his statements.

The Seventeenth Annual Commencement of the Womens' Medical College of the New York Infirmary took place on May 30. Eleven ladies graduated. The number of graduates have diminished within the last few years, owing it is supposed to the constant raising of the standard.

The commencement exercises of the Long Island Hospital Medical College were recently held in the Brooklyn Academy of Music. There were 97 graduates.

At the recent meeting in this city of the American Climatological Society, a Health Resort Committee were appointed to investigate and report upon the various watering places, as to their desirabilities for invalids. The object of this committee is to give the profession some definite knowledge, the statements usually coming from these places being misleading and often given out of sinister motives. Dr. William Pepper was elected President for the ensuing year.

During the last year over 1,000 new patients have been treated at the New York Skin and Cancer Hospital. The institution has just entered upon its third year of existence. J. W.

ITEMS.

—The Eleventh Annual Meeting of the American Neurological Association will be held at the Academy of Music, New York, on June 17, 18 19, 1885.

—The Mississippi Valley Medical Society, meets in Evansville, Ind., September 8, 9, and 10, 1885. Persons preparing papers for that meeting will please notify Dr. A. M. Owen, Chairman of Committee on Programme.

—Dr. P. A. Panum, the distinguished physiologist of Copenhagen, is dead. He was the president of the late International Medical Congress.

—We learn that Prof. Huxley is about to withdraw from many of his most active employments.

—Hemorrhoids.—Dr. T. W. Poole gives vent as follows in the Canadian Practitioner:

The Piles! Aha! I knew them well, Each feature, though I may not see 'em; Old foes, which fume, and fret, and swell, And vex and plague my perineum. You blush at mention of a "pile," and would, perhaps, the theme avoid; well, then, suppose, to put on style, We call the thing a hemorrhoid. Though bearing an ill-omened name, It seemed as if they might not pain us, When first, as visitors, they came, And took up lodgings in the anus. But now, at each succeeding bout, The pelvic pains appear distincter, And there can be no longer doubt Of their relations with the sphincter. You ask me, by what obvious signs, One may with certainty detect 'em. Well, I can only say that mine Are like a hornet in the rectum, Which, having wandered from the way, And angry at the situation, Stings right and left while yet it may, And tortures one in defecation. "Avaunt! it is a vulgar rhyme." Yet stay, there must be means to cure 'em: Oh, yes, if you but give them time, And meantime patiently endure 'em, There are a thousand cures, you know, All certain sure, as dead shot candy; 'Tis well to buy a score or so, And lay them by to have them handy; And when the hornet's rage is spent, And things assume their wonted quiet, The cure,—though it may not prevent, Will quickly quell the painful riot.—Medical Age.

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TO OUR SUBSCRIBERS.

As the close of the current volume of the REVIEW approaches we beg our subscribers to remember their obligations towards us. The heavy expenses of a journal of this kind can only be met if payments are promptly made. We ask all delinquents to delay no longer.

THE OPERATION OF GRAVE AFFECTIONS OF THE TONGUE.—Dr. Deahna, of Stuttgart, publishes in Schmidt's Jahrbuecher, a resumé of the surgical methods of treatment of grave affections of the tongue and pharynx. He reports that Dr. A. Woelfler (Archiv. f. klin. Chir., 1882) is of the opinion that the detail of the method of the operation is secondary in importance to the after-treatment. W. recommends Billroth's technique, that is to say extirpation of the tongue from the mouth after previous ligation of the lingual artery,and advises as after-treatment cauterization with crystals of permanganate of potash and drainage of the cavity of the mouth.This method of operation he has not since modified but prefers an iodoform dressing of late. The dressing is a simple one. Absorbent cotton is saturated in glycerine and an alcoholic solution of colophonium, then freely dusted with iodoform and several such strips are successively placed in the mouth and pressed into the wound. These strips may remain for a week. Only the superficial layers, that become impregnated with saliva and the food must be removed daily. No bad odor arises; the patients feel particularly well and are able from the second day on to partake of liquid nourishment. With this mode of dressing W. believes that no drainage of the mouth and no especial treatment of the points of ligation need be provided. If no direct communication between the oral cavity and the points of ligation existed then no communication was established, but each wound was treated for itself. If, however, the operation established a communication from the buccal cavity to the points of ligation, then a drainage tube can be employed with benefit. The result of the observations of W. is, that the processes of inflammation that formerly invariably followed the removal of lingual carcinoma are the consequences of a septic infection which can be so obviated; and it is the opinion of W. that the pneumonias that were formerly met with in consequence of the unavoidable entrance of wound secretions into the trachea are to be considered as septic in character. W. reports 17 cases operated in the period of five months. His patients ranged in age from forty-one to seventy-one years of age. The whole series was discharged cured. Our space does not admit of a detailed statement of the individual cases, however, the majority of them appear to have been such of extensive carcinomatous infiltration. In only four cases the lingual artery was not ligated; in nine cases it was necessary to ligate one lingual artery; in four cases both had to be tied. The cases demanding ligation, single or double, presented extensive pathological change and large amounts of tissue had to be removed.

In one case that was discharged cured after three weeks, the entire right half of the tongue, and the floor of the mouth were excised,after ligation of the right lingual artery; furthermore submandibular lymph glands and glands of the throat were removed,demanding partial resection of the internal jugular, and of the superior thyroid artery and vein.

Frederick Treves (Lancet, p. 677, 1833) re-

ports four cases that were operated according to the method of Billroth. He washed out the mouth with permanganate of potash, and nourished his patients by means of the stomach tube introduced through the nostrils. One patient died of septic foreign-body pneumonia.

Walter Whitehead, (Lancet, 1881),removes the entire tongue, without previous ligations, by means of scissors, and catches the bleeding vessels both during and after the operation. He removed the entire tongue twice by this method without any previous ligation. Whitehead's mortality is 11 per cent, 28 cases being reported. The method did not receive favorable criticism in England on account of the danger of hemorrhage. G. Elder (Lancet 1882) and F. Treves do not favor the method; and Billroth is of the opinion that an operation without previous ligation of the lingual vessels is feasible but altogether too bloody, and very inconvenient.

The use of the ecraseur and of the galvano-cautery has been practiced by Stokes, Richard Barwell, Bennett, Martin Coates, Clement Lucas, Henry Freeman and Weil. The results are not very favorable. Hemorrhage and return of the carcinomatous affection followed in the majority of cases.

As a certain means to obviate primary and secondary hemorrhage Delens (Jour. de Thér., 1881,) champions the elastic ligature. The pain is said to pass away after a few hours. In the cases cited by Delens, by Just, Deahna and Giovanni Fiorani the ligature cut through in eight to twenty days. Disinfection by iodoform was practiced.

Consanguineous Marriages, their Effect upon Offspring.—This is the title of a paper read by Dr. Charles F. Withington, of Boston, at the 104th Anniversary Meeting of the Massachusetts Medical Society. (New York Medical Journal). The speaker referred to the great discrepancies apparent in the observations made by different persons upon this subject, and even the intrinsic contradictions in the figures of individual observers. The traditional belief on this snbject implied a specific evil effect of such marriages due to the mere fact of non-renewal of the blood. Attempts at settling this question by the statistical method were hindered by the difficulty of obtaining cases that were not to some extent selected, on account of the tendency to remember "striking" or disastrous cases; also by the difficulty, in many instances, in distinguishing between the effects of consanguinity and those of morbid inheritance. The speaker then presented the results of his own observations in 108 cases of consanguineous marriage, arranged in tabular form. The whole number of children born was 413 from 103 couples. Excluding from the category of "healthy" all who were defective in any degree, even those having strabismus, all who were below the average in intelligence or bodily vigor, all who had phthisis or any other inherited constitutional taint, even though it did not appear till late in life, and all who died in infancy except when the death was known to be from some acute disease, there remained 312 "healthy" individuals, about 75½ per cent of the whole number. Among the more important diseases and defects were 12 cases of deaf-mutism (all occurring in a town on the island of Martha's Vineyard), 7 of insanity, 13 of idiocy, and 15 of consumption. Only 57 of the unions were known to have lasted the full period of conjugal fertility (15 years or over), and these produced 282 children, an average of 5 for each couple. In 17 of the marriages one or both of the contracting parties were themselves descended from a consanguineous union; 15 were fertile, producing 68 children, of which 48 were "healthy." The table also gave informaton regarding the married life of 104 couples composed of persons consanguineously descended; 41 of them, which were known to have endured through the complete childbearing period, produced 201 children. In this generation there were 8 deaf-mutes, also all from Martha's Vineyard. The view was then announced that the evil results which occurred from consanguineous

marriages were due to the operation of the ordinary laws of morbid inheritance dependent on the principle that like produced like, and that consanguinity ipso facto had no influence either for good or for evil. The arguments against this view were briefly taken up, and it was urged that, when simple heredity was known to play so important a part, it was unreasonable to conjure up some other influence which at most could account for but a small share of the cases of obscure maladies like deaf-mutism and hemeralopia.

Employment of Nitrite of Amyl in the Treatment of Gout.—Archibald D. Macdonald, M. D., of Liverpool, proposes to support a paper on this subject in the British Medical Journal, May 23, 1885, by three distinct, yet closely connected, statements.

"1. On September 13, 1882, I attended a case of what is usually called puerperal eclampsia. After the first hour, and during three and a half hours, I repeatedly gave nitrite of amyl by inhalation, in the usual way and dose. In the course of the following eighteen hours one minim of nitro-glycerine, of 1 per cent solution, was four times administered, and chloroform to a limited extent, as well as an operative procedure, also marked that period. Nine hours after the last dose of nitro-glycerine, that is, about 31 and a half hours after the first inhalation of the nitrite of amyl, I drew off the urine. After standing for nearly forty-eight hours, it was seen to have deposited, inter alia, crystals of uric acid.

Then, this fact somewhat puzzled me, but I was inclined, for reasons which need not be specified, deduced from the hypothesis of authorities on the subject of this eclampsia, to look upon this as an interesting clue to a rationale of the colchicum treatment of the disease. A notice of the observations of Signori Guiseppe and Sansoni, of Turin, however, has forced me to reconsider the point.

2. Accordingly, I instituted a check-experiment, the subject of which was a healthy adult, whose urine was previously normal. The experiment, except the non-administration of chloroform, corresponded, as far as possible, with the case just mentioned. Thus, from 10:45 a. m. till 2:50 p. m., seven inhalations of five minims each of nitrite of amyl were taken. The urine passed at 4 o'clock, an hour after food, was of a clear, dark straw color, very acid in reaction, and, on cooling, deposited a little mucus, and copious urates. One ounce without the urates, but plus a dram of hydrochloric acid, showed, after forty-eight hours had elapsed, a large deposit of uric acid crystals. Also, as in the case, nitro-glycerine was taken.

A similar quantity, passed seven hours after the last, almost free from visible urates, similarly treated, gave what may be relatively termed a very considerable deposit; and next day (thirty-six hours after the first drug was first administered), from the sample, a considerable amount of the crystals was obtained.

I hope shortly to narrate an experiment with regard to the effect of nitro-glycerine per se.

Thus I was able to confirm the statement of the Italian observers named, and also to find that the balance of fact against theory compels me now to believe that the excretion of uric acid in the case of eclampsia was, at all events, largely due to the drug employed, and not wholly to the disease, and that no deduction could be drawn from the premises as to any connection between the gouty diathesis and puerperal eclampsia, or the consequent colchicum treatment of that affection. My inquiry into the symptoms had no pretense to have been exhaustive; the case, however, is pretty clearly, though not yet quite logically, proven now.

3. A practical application of this property of the nitrite of amyl as an eliminator of the gout poison immediately occurred to me, to which I at once gave effect.

H. G., of Tue Brook, a powerful, slightly ruddy man, aged 37, had suffered from gout, and now had an attack chiefly in the ankle-joint. For four days he had had an alkaline mixture with colchicum, and had obtained

some relief, also, from local treatment. At 4 P. M., April 17, his urine was clear straw-colored; on standing, it contained a very little mucus, no other deposit. One ounce, acidulated with a drachm of hydrochloric acid as before, and set aside for forty-eight hours, showed only a very few crystals of uric acid.

That statement enables a fair judgment to be formed of the state of matters previously to the use of the nitrite, during which the medicine and special local treatment were of course, abandoned.

The first inhaled dose of four minims was given by myself at 4:20; a faint flush and sensation of fullness in the head resulted. At 6, 8, and 10 o'clock, the dose was repeated. Next morning, at 9, he was much better, but had a slight headache, which soon passed off. His urine passed at that hour showed a very acid reaction, and, being treated as above, gave what I describe, in the absence of a quantitative analysis, as a considerable deposit of uric acid. On the 20th, he was able to walk, the ankle-joint being very nearly well.

Remarks would be redundant. Further research is manifestly required. I will only say that all I claim is to have established a prima facie case for the administration of nitrite of amyl as a rational therapeutic agent in those cases of gout in which the usual contraindications do not prevent its use. And if we can by its means procure a more than normal discharge of uric acid when an attack threatens, we may find it prophylactic as well as curative."

Extraction of a Pistol Ball From the Brain Through a Counter-Opening in the Skull.—W. F. Fluhrer, of New York, reported the following most remarkable case in the New York Medical Journal, March, 1885: The patient, a healthy man, aged nineteen years, shot himself with a pistol held in contact with his forehead. About twelve hours afterwards, when seen by the surgeon, he was semi-unconscious, aphasic with complete loss of motion without loss of sensation on the right side below the head. Left side hyperesthetic. Pupils equally dilated. Pulse 100; temperature 101.4°. Patient was etherized, and, under the protection of copious irrigations of corros. subl. sol. 1-1000, the wound of entrance (nearly in the centre of the forehead) was enlarged, including also the wound in the skull. This procedure was complicated by hemorrhage from a branch of the anterior cerebral artery, which was finally controlled by a small compression forceps left in situ. The track of the ball through the brain was then probed by a bulb-pointed copper probe, and the point on the scalp noted at which the probe would emerge if projected through the head. At this point the cranium was exposed and trephined. The trephine hole was enlarged with a rongeur towards the assumed opening of emergence of the bullet; the dura mater was slit in the same direction. Some effused blood and disintegrated brain matter appearing, more of the skull was cut away, and the slit in the dura mater prolonged, until a gush of brain matter, and a rent in the pia mater, demonstrated the point of impact of the bullet. The probe was introduced through the opening in the pia and passed downwards toward a point where a feeling of resistance had previously been felt with the tip of the finger applied on the surface. At a distance of an inch the bullet was detected, and then extracted with a slender-bladed forceps. It weighed 42 grains. A small-sized rubber drainage tube was then introduced along the track of the ball through the brain, and the projecting ends cut off to within an inch and a half of the skull. Iodoform dressings, with an external protective layer of borated cotton, were applied. The after history of the case was one of gradual but progressive amendment. On the sixth day the drainage tube was withdrawn, and replaced by a drain composed of four strands of catgut and ten of horsehair. On the eighth day the compression forceps was found to be loose, and was removed. On the tenth day a cystitis had developed which caused much annoyance for several days. On the thirteenth day the strands of catgut had become absorbed, and

four strands of horsehair were withdrawn. Considerable cerebral irritation followed this proceeding, and, it seeming that the presence of the remaining hairs was exciting further disturbance, they were all withdrawn on the fifteenth day. An hernia cerebri had developed at both cranial openings. On the twenty-fifth day the patient was entirely free from pain, and his temperature, respiration and pulse were all normal. After the thirtieth day the herniæ cerebri, which up to this time had been simply protected from irritation, were subjected to slight continuous pressure. They gradually shrunk, and by the end of the second month after the operation the posterior wound was completely cicatrized. Three weeks later the anterior wound also was healed, and the tissues at the openings in the skull were slightly depressed below the level of the surrounding scalp. After leaving the hospital the patient returned to work, a slight impairment of memory being the only apparent consequence of his wound. He follows the same occupation, and performs the same duties in it as before he was shot. A severe blow accidentally made upon the anterior scar some months after returning to work determined a violent convulsive attack, which recurred at the end of three weeks. Bromides were freely given, and no further recurrence had taken place when the report was made, six months later.

Drops versus Minims.—In reference to a discussion on the subject, the New York Medical Times observes: "No doubt the drop is aggravatingly vague, but the adoption of a particular method of delivering drops would go far towards reducing their indefiniteness within pratically insignificant limits—limits quite as narrow as those that bound the variations of minim glasses. It would be interesting to compare the gradation of these glasses as furnished by different makers, and we suspect that such a comparison would not show wholly to the disadvantage of the drop. A further drawback is to be found in the fact that the surface of a column of liquid contained in such a glass does not form a dead level, so that the indication is likely to be read off differently by different observers. Some weight, too, may be attached to the circumstance that when a certain number of minims have been measured off, they cannot be wholly transferred from it without dilution, and the quantity that remains adherent to the glass varies according to a diversity of conditions, such as the temperature, the viscidity of the liquid, and the shape of the glass. Liquids can of course be measured accurately, even to small fractions of a minim; but we doubt if, on the whole, any method will be found more satisfactory for ordinary use than the dropping process. Accuracy might be gained by the simple expedient of weighing, but to unlearn our doses by measure, and to learn a fresh set of doses by weight, would involve all the vexation that has thus far attended the attempt to bring the metric system into use among us—an attempt which seems to us certain to fail, and, moreover, to be deserving of failure."

Our readers know that we do not subscribe the closing paragraph.

Excision of Internal Hemorrhoids.—Dr. E. E. Glover read a paper on the above subject before the Indiana State Medical Society from which we extract:

"It so happens that no one method of treating hemorrhoids is entirely applicable to every case of the disease. Sometimes one, sometimes another of the various operations in vogue is best, now in this case, now in that, and the choice of the procedure must at last turn upon the character of the tumor, the condition of the patient, and other causes needless to mention here.

Excision is applicable to but a limited number of cases, and these without exception in cases where the tumors are small, accessible, and not above four in number. In this class of cases the advantages which the operation offers are to be found in its seeming freedom from all danger to life; in the slight constitutional disturbance which it excites; in the very quick recovery which it almost uniformly insures, the patient as a rule being cured in about half the time required by any

other method; in its being comparatively painless, owing to the temporary paralysis of the sphincter muscles and the removal of the tumors; in, finally, that the operation is not, as in some other methods, ever followed by stricture.

The objections to this procedure, as stated by its opponents, would seem to be that it requires an anesthetic, more care and skill than hemorrhoidal operations in general, and that there is danger from hemorrhage. For my own part, I think anesthesia a great aid in the large majority of rectal operations. The operation itself, though it may seem somewhat complicated, is in reality simple enough. As to the latter objection, the means used to control bleeding, namely, torsion, heat, and the use of styptics, would seem to insure all reasonable safety. An insidious hemorrhage into the rectum to a serious extent would be an impossibility, as with a dilated sphincter and the parts lightly packed with styptic cotton the bleeding would show itself externally. If an accidental copious hemorrhage should occur, it could be positively controlled by the use of cautery or by packing the rectum with a bell-shaped sponge and cotton-wool. It is the opinion of many excellent rectal surgeons that a hemorrhage into the rectum from an operation which cannot be controlled by the cautery or packing is a thing excessively rare.

The operation is done as follows: The patient's bowels being well emptied,he is placed upon a suitable table and thoroughly etherized. With the fingers or thumbs the anal sphincters. are now gently but fully dilated. Van Buren's rectal retractor or Sims' vaginal speculum is then carried into the gut—a depressor may be added if necessary—whereby the seat of the piles is fully exposed. The tumor is then seized with a tenaculum forceps and drawn well down, when the base is embraced with the blades of a Smith's hemorrhoidal clamp (Mr. Allingham does not use the clamp in his operations, but trusts the vulsellum to hold the stump), just sufficient pressure being made to prevent the instrument slipping and to control in some degree the hemorrhage, without exercising such force as to bruise the parts and thereby cause a slough. In this way any considerable hemorrhage at this stage is impossible. The tumor is now cut off with either the knife or scissors, near the clamp—being careful to leave sufficient stump to prevent its slipping through the blades of the instrument—and all bleeding vessels twisted. If none bleed at the moment, open the blades of the clamp somewhat, when usually one or two vessels will be found to spout. Subject these to immediate torsion. This proving effectual, remove the clamp, and apply small sponges wrung out of hot water to the parts, whereby any oozing is usually readily checked. Treat other piles that may be present in a similar way. When all the hemorrhage has ceased (in illustration of how readily bleeding from a hemorrhoidal vessel may sometimes be controlled, I may mention that in removing a large tumor with the clamp and actual cautery, the iron being over hot, the end of the vessel was burned off, and as a result did not close, but bled at once freely. I seized the vessel, and after compressing it with the forceps for the space of but two minutes the hemorrhage entirely ceased) wet a wad of cotton—to which it is well to previously attach a strong thread—in a solution of tannic acid, one ounce tannin in one ounce of water—and carry it as high into the gut as the seat of the tumor. Finally, give an opiate to prevent too early movement of the bowels.

In the seventy cases of excision reported by Mr. Allingham, no recurrent hemorrhage occurred, but little pain was experienced, and nearly all of his patients were absolutely well by the sixth day, Mr. Allingham saying that he means by this that the wounds were all soundly healed by that time.

My own limited observation corroborates the larger experience of the British surgeon. I have considered some of my patients as being "absolutely well" on the fifth day; others were out and able to attend to business in three or four days.

The following report of a case occurring in my practice will serve as an example of the class of patients in which I think this operation has especial advantages:

F. H. had two small hemorrhoids which prolapsed after each stool, bled freely, and were returned with difficulty and much suffering. He desired an operation, but stated that it was impossible to leave his business for any length of time. I excised his piles after business hours one Friday, and on the following Monday—or within sixty hours, during which he was more comfortable than he had been for a year—he returned to his duties, and on the day after did an unusual amount of work without inconvenience. On Wednesday, five days after the operation, the wounds were entirely healed.

I am inclined to believe that, as our experience in the operation of excision widens, it will be found applicable to yet other varieties of hemorrhoids than the one I have named.

Mr. Allingham is of the opinion that numerous cases are amenable to this treatment, and he regards excision as one of our best operations."

The Field and Limitation of the Operative Surgery of the Human Brain.—In a paper on this subject read at the recent meeting of the American Surgical Association, Dr. John B. Roberts, of Philadelphia, drew the following conclusions (Louisville Medical News):

Cranial Fractures.—Simple fissured fractures: (1) No evident depression, no brain symptoms; no operation. (2) No evident depression, but, brain symptoms; incision of the scalp and possibly trephining. (3) Evident depression, but no brain symptoms; incision and possibly trephining. (Dr. Roberts would be inclined to trephine if the depression was marked, or if the fissures were sufficiently numerous to make the fracture approach the comminuted character.) (4) Evident depression, with brain symptoms; incision and trephining. Simple comminuted fractures: (5) No evident depression, and no brain symptoms; incision and probably trephining. (He would trephine unless the comminution was found to be inconsiderable.) (6) No evident depression, but brain symptoms; incision and trephining. (7) Evident depression, but no brain symptoms; incision and trephining. (8) Evident depression and brain symptoms; incision and trephining. Compound fissured fractures: (9) No evident depression and no brain symptoms; no operation, but treatment of the wound. (10) No evident depression, but brain symptoms; trephining. (11) Evident depression, but no brain symptoms; possibly trephining (the same remark applying as in the third case). (12) Evident depression and brain symptoms; trephining. Compound comminuted fractures: (13) No evident depression and no brain symptoms; probably trephining (the same remark applying as in the fifth case). (14) No evident depression, but brain symptoms; trephining. (15) Evident depression, but no brain symptoms; trephining. (16) Evident depression and brain symptoms; trephining. Punctured and gunshot fractures: (17) In all cases and under all circumstances, trephining.

Intracranial Hemorrhage.—Trephining for the removal of the clot and arrest of bleeding when the probable seat of the hemorrhage was ascertainable and the clot was believed to be localized.

Intracranial Suppuration.—Trephining and, if necessary, exploratory punctures in all cases of abscess.

Epilepsy following Cranial Injury. — Removal of a portion of the cranium in selected cases.

Insanity following Cranial Injury.—Removal of a portion of the cranium in selected cases.

Cerebral Tumor.—If its situation could be ascertained, and if it was probably superficial, removal of the bone and excision of the growth, if it was found.

—Phenic Acid in Typhoid Fever. — Robin ("Arch. gén. de méd."; "Centrlbl. f. Klin. Med.") is decidedly opposed to the use of this drug in typhoid fever, since it increases the waste of sulphur and potassium, and thus causes a condition of "inanition minérale." According to the author, thymol, resorcin, benzol, and naphthalin are equally deleterious in typhoid fever.—N. Y. Med. Jour.

CONTRIBUTIONS.

HYPOCHONDRIASIS.

BY H. W. HERMANN, M. D., ST. LOUIS.

Read at the "Verein Deutscher Aerzte."

The symptoms presented by the above affection were already known to the ancient Greeks, who supposed its seat to be in the abdomen, to which the complaints of the patient generally referred them. Although we now generally consider the disease a psychosis, a disease of the mind, there is a kernel of truth in the old appellation, as disorders of the abdominal organs, and especially of the stomach, give rise to depression of the feelings to a marked degree. But to make the diagnosis of hypochondria we need more than depression of feelings, we require an anxious attention on the part of the patient for his bodily and mental functions. In how far bodily abnormalities are primary and essential in hypochondriasis is a question of dispute. Dubois considers its origin as purely mental. Romberg allows organic changes only in so far as changes might be produced by a hyperesthesia of feeling in these organs. Tuke says: "Anxious reflection upon any of the bodily sensations increases them to a morbid extent and may originate a host of imaginary disorders." On the other hand, most authors allow hypochondria to be originated by real abnormal, peripheral sensations in the organs, which may even in many cases rest on a pathological basis. Maudsley says in reference to the abdominal organs:

"The energy of feeling and desire which has its physiological source in the visceral organs and inspires vigorous self-assertion and practical will, abates gradually as they become dull and weary, the result being a tendency to sombre and gloomy feelings, which may pass into hypochondria and melancholy." Every one may have experienced how much more self confidence and satisfaction a newly-filled stomach and good digestion affords than an empty, hungry stomach, which makes one timid, and a bad digestion unconsciously depresses the feelings. Tanner says hypochondriasis may be said to consist prominently of an exaggerated egoism, but he forgets that exaggerated egoism is a prominent symptom in most mental aberrations.

Tuczeck denies the existence of a purely hypochondriacal disease of the mind. Hypochondriacal illusion he either classifies as melancholia or paranoia, as these illusions occur frequently in the course of simple and complicated affections of the brain. The hypochondriacal character of the illusions do not essentially determine the clinical position of the psychosis under consideration.

Defining hypochondriasis we may say it is a mental condition characterized by inordinate attention on the part of the patient to his own real or supposed bodily ailments and sensations.

The etiology of hypochondriasis is favored by faulty education (anxious attention to every little ailment of the child), by hereditary tendency, by dark, cloudy weather (it is a frequent ailment in England and therefore known as the "English disease," and "spleen,") by disappointments, loss of occupation, by digestive troubles, congestion of the portal system, sexual excesses, by prostration, mental over-exertion, fright and anxiety.

Hypochondriasis may occur at any age, but childhood and old age are comparatively free from it. It is most frequent in adult males of the better class who have little or no occupation. Often it occurs during the age of puberty and in the female sex, when it is frequently called hysteria. Among the poorer classes it occurs also, but is there often looked upon as laziness or illwill, and the necessity for working and want of time does not allow the patient to observe himself and reflect much over his sensations. The symptoms are diversified, but they are all subjective. No objective symptoms can be found except such which point to troubles different from those complained of. The slightest inconvenient sensation grows in the estimation of these unfortunates to the most serious and nearly incurable disease, and the characteristic feature of hypochondriasis is the unfounded fear and anxiety of serious disease. The patients occupy themselves by watching for abnormal sensations and symptoms about the liver, the colon, the stomach, the sexual organs and the spinal cord, though their complaints are not confined to these organs by any means. The disease is a chronic one. It begins gradually. The intense attention to all sensations in a certain organ causes disturbances in its function, the resulting symptoms increase the abnormal sensations and in this way a circulus viciosus is established. If the patient is still in his youth the prognosis is favorable (as for example the hypochondriasis of medical students) later on it generally lasts for years (2—3 years) and may even persist to the end of life. The persistence with which these patients observe their symptoms is the main

difficulty in the treatment. When small ailments that may have existed are successfully removed the slightest sensations which by persons in health would be entirely ignored awaken the greatest anxiety.

The first step in the treatment is a thorough examinationof all the organs. Endeavor to acquire the full confidence of the patient. One must not flatly deny his imaginary affections or laugh at them. In the absence of all objective symptoms of disease the treatment is mainly a psychical one. If the system is run down it must be supported and the patient strengthened and fed. Sleeplessness might be improved by exercise in the open air, hydrotherapeutics, galvanism, etc. Chloral hydrate, bromide of potassium, hyoscyamus, etc., should be avoided, if possible. One must seek to divert the attention of the patient from his own self by entertainments, regular occupation and traveling. Morphia is to be used only in old incurable cases. Hydrotherapeutics are indicated in many cases.

LECTURE.

SANITARY IGNORANCE AMONG HIGH AND LOW.

BY ALBERT L. GIHON, A. M., M. D.

Medical Director United States Navy, President of the American Academy of Medicine, Ex-President of the American Public Health Association.

Delivered under the auspices of "The Committee on Hygiene and the Relations of the Profession to the Public" of the Philadelphia County Medical Society, in the Hall of the Society, April 18, 1885. Taken from the Medical and Surgical Reporter.

[CONTINUED.]

But we need not cross the border to seek among our neighbors for instances of sanitary ignorance. Here is what a medical inspector, after a thorough sanitary inspection of the schools of a city not so far from Washington, that the language, habits and culture of its people are different, found only last year: One school in a cheerless building with badly arranged distribution of light; in a second, light not well arranged, pupils face the windows and have to struggle against a constant glare—privy-well located so close to the building that the rooms near it are rendered very offensive by the foul odors that enter when the windows are opened, which is a matter of constant necessity whenever ventilation is required,—heated by furnaces supplied by cold air from the cellar; a third was located in an old dwelling, without a single redeeming feature about it as a school-house; in a fourth, wells in the yard about twenty feet deep, and tapped to the sewer about eight feet below the surface, thus leaving a large cess-pool twelve feet in depth which is not drained off—cellar damp, unpaved, dirty and unwholesome; in a fifth, from the close proximity of the privy-well to the school there was a leakage into the cellar—this well is drained into the sewer with an outlet pipe above the level of the cellar-floor, and all the yard and house drainage is into this well; in the sixth there were the same offensive latrines close to the building, and the heaters derived their supply of air from a filthy cellar; in a seventh, one room furnished only seventy cubic feet of air to each pupil, and had but one window; an eighth was overcrowded, and had nothing to recommend it but the labors of the teachers; a ninth had a very comfortable appearance outside and a correspondingly cheerless inside—the privy-well was foul and only partially drained by an outlet pipe near the top; in a tenth there was bad light, cellar air was supplied, and an offensive well close to the building.

Perhaps there are those among you who recognize some of these places as only around the corner from your own dwellings, for here is whence I have drawn these illustrations; and before you proceed to immolate me for treason to my birth-place, listen to an extract from the health officer's statement of the condition of things he found in the schools of the city of my present residence, and derive a crumb of criminal comfort that if you are as bad as bad can be, there are others just as bad. Beginning with a beautiful building, one of the magnificent temples of education of which that city boasts, he found on his first inspection spacious halls, large handsome rooms heated by steam, amply lighted, well-furnished, provided with a ventilating apparatus communicating with a smoke-stack securing a draught, but supplied with fresh air by cold air-ducts, which, when followed to their mouth, were discovered in one case to be led directly over a sewer-trap, in another from a damp, close and mouldy area, and in every instance conducted under the ground-floor of the building. The furnace-room gave evidence of the regurgitation of sewage, and the janitor stated that during storms the reflux was such as to endanger the fires. In another building so beautiful that a model was sent to Europe, the same objectionable system of air-ducts existed. Thus,

"on examination of the opening or entrance to the air-duct in the north-east yard, it was found that the same opening is used for a large sewer-pipe, and is a damp,mouldy underground passage. The air-duct entering from the south-east yard is also used for a sewer-pipe, the latter being defective." A third splendid structure had its air-ducts constructed underground; the entrances to these passages, six in number, were found damp, mouldy and wet, and containing filth and débris of all kinds. Two sewer-openings are located directly at the mouth of the air-duct on the north-east side of the building, one a cesspool trap which at the time of the inspection had no water-seal, and the other an imperfect connection with a down-spout.

To satisfy you that this state of things is not exceptional, I quote from the first published report of the health board of a city very near us: Most of the schools receive the air to be heated and distributed from the cellar, which in some of them is very deleterious on account of the dampness and poorly ventilated condition of these cellars. In one school the principal defect is the imperfect underdraining of the large privy-well in the yard, the drain pipes entering so far above the bottom as to allow a considerable offensive retention in the well at all times. In another, the well had no sewer connection, the drain was not even trapped, and a fecal odor pervaded the building, when it was opened in the morning. Two other schools were just as odorous; in a fifth the water-supply is from a pump only fifteen feet distant from two shallow brick-lined privy-wells; this was the case in another school, where the pump-well was thirty-five feet from the privy-well, and the water not only tasted badly, but was visibly changed with organic matter, and its odor was worse than its taste. The wells were all foul, and the cellar unclean and unventilated. Finally, in a seventh, the light was badly directed, and the heater-air was obtained directly from the cellar, in which from January 1st to April 15th, there had been nearly two feet of water.

This in New Jersey; the following from Baltimore: "In one of the rooms, 18 by 12 and 10 feet high, there were 81 children on the roll and 69 were present on the day of inspection; the remaining twelve were absent on account of sickness. Is it any wonder?" The average cubic air space was 26 feet when all were present, 31 at the time of inspection. "In this room there was not a sufficient number of seats to accommodate the pupils, who were distributed around, some on the teacher's platform, others on the doorstep, and the rest crowded on the benches. The room had two windows with a north exposure. The children on the seats faced west, receiving the light from the right. In another room, 14 by 20 by 10 feet in height, there were 60 children on the roll and only 42 present—the cubic air space ranging from 40 to 66 feet per child. In all the rooms the supply of light was as insufficient as that of air; and as the building was especially erected for the purpose of a school, the reckless disregard of sanitary needs is the more grossly criminal."

Foul air, then, though the chief, is not the only insanitary abomination of our vaunted school system. Uncomfortable seats and desks torture and deform the plastic, undeveloped little bodies of children, many too young to be at school, or at anything but play. Glaring white walls and dazzling lights staring them in the face or from every direction but the proper one, badly-printed books with type and figures so small as to be illegible without effort, and compulsory night work at home by artificial light combine to impair their vision. Neglect of provisions for common necessities and decencies,latrines that a brute would shun, the enforced restraint of every natural gestural expression of the emotions and reflex action, which constitute so great a portion of the child's mental and sensory nature, the physical overstraining of the intellectual organs—these are all factors of evil, but the *princeps malorum* is the confined, over-heated, and germ-laden air they are compelled to breathe over and over again. Instinctly one revolts at bathing in water which a single other predecessor has used, but we do not hesitate to attempt to cleanse the blood of its soilure in the air-bath of the lungs after a hundred others had contributed to befoul it. I wish to give all the prominence and emphasis I can to this ignorance of the contamination by atmospheric filth to which gentle folks, equally with the lowly, subject themselves in parlor, church and school. Even though the direr effects of disease do not always immediately follow, disgust should not prevent the cleanly man and woman deliberately admitting into their bodies the nastiness of human emanations, which are poured into the air from lungs and skin at the rate of three avoirdupois pounds a day by each individual. One hundred gallons of air pass through the lungs every hour, carrying with it at each expiration four per centum of its volume of carbon dioxide and its organic attendants—and the cutaneous exhalation is nearly twice the pulmonary. Dr. Kidder in his microscopic examinations of the atmosphere,

found that human epithelium was the one thing always present on his slides. The New York Medical Record states that while the number of bacteria averages 2,500 to the cubic meter of city air, there are 11,000 in the air of a city hospital. What then was the probable microscopic population of the air at a recent mass in St. ———'s church, in Philadelphia, which is described by one present as having been literally packed, every foot of standing room being occupied, without an opening for the entrance of fresh air, or for the escape of the foul air from heat registers, gas jets, wax tapers and human lungs—all the vast assemblage being as though shut up in an air-tight box. A hundred little boys and girls for two hours breathed this obnoxious atmosphere, to be then ushered into the cold rain out-doors. How many cases of diphtheria and pneumonia and scarlet fever filled little coffins as the result of this one Sabbath's holy work? The immense ærial ocean in which we live purifies itself without man's aid; but when it is confined and its free diffusion hindered, its retained impurities quickly manifest deleterious qualities of the most virulent type, as in the notable instances of the tragedy of the Black Hole of Calcutta, in which 123 persons died among the 146 confined in a room 18 feet square; the suffocation of 260 out of 300 Austrian prisoners after the battle of Austerlitz; the deaths of 70 of the 150 deck passengers battened under hatches on board the steamer Londonderry; and the "sweat-boxes" of the men-of-war of thirty years ago, whose inmates were often found asphyxiated when the doors were opened. Where the obstruction to the escape of vitiated air is not so great, the less conspicuous effects of air-pollution are shown in headache, loss of appetite, indisposition to exertion, fitful, unrefreshing sleep, soreness of the body, aching limbs, general debility, and mental obtuseness, followed after weeks or months of similar exposure by more serious ailments. When this train of symptoms occurs in Washington, the cause is rightly enough attributed to malaria —*malus aer*, in fact, but which quinine is not needed to cure, and only proper ventilation required to prevent. Knowing that the silver and copper and other salts used by the oculist in drops of dilute solutions, accumulate in appreciable quantities on the walls of the hospital ward, it is not hard to believe that minute scales from loathsome affections of the skin, volatile emanations from unclean or diseased bodies, the tainted expiration of those afflicted with detestable disorders, if not permitted to escape by free ventilation, must be taken into the lungs and thence into the blood, and it is sanitary ignorance of the most inexcusable sort which refuses to recognize the fact, estimate danger, and provide the remedy.

What shall be said of that temper of mind which—the remedy, and an effectual one, having been provided—actually thwarts its application? Of this an instance will be pertinent. On board a ship at sea, where human beings are cooped in a floating box, sealed against the admission of water, and of course also of air, execpt in a few places above the water line, the practical difficulties of supplying the three thousand cubic feet of air per hour which each man requires as on shore are very much greater. Effective ventilation was the difficult problem of nautical hygiene. Attempts had been made by wind-sails and ventilators faced to the prevailing wind, and by opening the frame spaces between the timbers of the hull on the uppermost or spar-deck, to provide for the admission of fresh air, but this was as feasible in fact as the attempt to blow air into a bottle. The stagnant, fetor-breeding strata in the nethermost dephths were never disturbed. Finally it came to pass that the system of ventilation by aspiration was adopted. A hole was knocked through the bottom of the bottle, and the foul air sucked out, leaving the fresh air to come in at the neck of its own accord —and this is practically what has been done on board of the vessels of the navy in which the exhaust method of ventilation has been introduced. The engine operates a fan revolving in a close chamber into which open two large ventilating mains, extending the whole length of the vessel, and communicating by metal pipes with every apartment, passage-way, cul-de-sac or confined space. The suction induced extracts the local air, to be replaced by the fresh air that finds its own way from the exterior. Nothing can be more admirable, nothing more effectual—the only indispensable condition being that the blower shall be made to revolve—and this I have good reason to know is frequently omitted to save the cost of the necessary fuel. Can sanitary ignorance reach a lower level?

The good fathers of the Church, in their warfare upon our fleshy counterpart, have not been the only ones who have made the worship of the heathen goddess Hygeia unpopular. The refinements of so-called modern culture, in their promotion of ease and comfort, have done their share towards weakening and undermining the physical edifice. Huge fire-places and loosely fitted doors and windows, the one establishing an

upward current through the chimney, the others permitting the free ingress of fresh air, have given place to hot-air furnaces, which pour their blasts into rooms sealed on every side to exclude cold. The pasty complexion which characterizes the luxurious occupants of over-heated houses is one evidence of lost vigor; and as if to soften the muscles and attenuate the limbs still more, the little effort required to move about the house is spared by adjoining closets and bath-rooms to the bed-chambers. Consequently, the more palatial the establishment, the more objectionable it will probably be as a healthful residence. A private dwelling, perhaps the finest recently built in Washington, has, under its present proprietor, had its plumbing completely changed. Assuming that a structure of such pretension must be all it should in respect to essential hygienic precaution, he learned, after the terrible ordeal of a preventable zymotic disease, that it was only a stately monument of sanitary ignorance, and this is no isolated instance. I examined a house under construction, with a view to making it my residence, and was so pleased with the arrangement of the lower floors that I thought it almost unnecessary to go up stairs, where, however, I found comfortable chambers, and wedged among them a closet, lighted only by a gas-jet, and, on the floor above, to serve as a reservoir for mephitic air, a room without a window save the opening into the closet well. The owner had done his own planning, and was doubtless as well content with it as a friend who had built a princely edifice in Philadelphia, whose child died from typhoid, whose wife recovered with a shattered constitution from a similar attack, and who, while in the very prime of life, attributed his own premature debility to the overwork of a busy merchant, and was unwilling to believe that the very comforts and conveniences of his house were the cause of all the misfortunes by which he had been smitten. I have in mind another very elegant mansion, wherein wealth had been lavished upon all the extravagances of the upholsterer's art, where every human want had been provided, and every conceivable contrivance was so close at hand that personal exertion was reduced to a minimum, where the eye rested only on the beautiful, and every other sense was charmed, yet for all, the damask hangings, and satin and rosewood, and fragrant flowers, were only the mocking mask of filth, and the child of the household died from a filth disease—a preventable disease, a disease which was only possible because these parents of high degree were as ignorant as peasants of nature's simple needs. In many a rich man's home to-day, while guests are reveling and dancing away the minutes, some young life is being sucked out by the vampire of preventable disease in some far out-of-the-way chamber.

In private dwellings, in hotels and public edifices, the grossest ignorance has been shown in this matter of the pollution of the air by so-called modern conveniences. The Chief of a Bureau whose office is in one of the newest of the public buildings of the Capitol, not long ago discovered that the waste from the steam register in his window-recess opened without being trapped into a sewer, and I know of another establishment in which there is a display of elaborate traps about the lavatories, where side by side are bath-tubs overflowing into the soil pipes, out of sight, and not trapped at all. When you rent a house, how many of you ever think to inquire critically about the plumbing? When you go to an hotel, what gratifies you most? Is it not the communicating bath and ever-constant supply of hot and cold water from the permanent wash-stand? Does it ever occur to you that there may be a little pipe to carry off the overflow of water on the wrong side of the trap, and ventilating the street sewer directly into your room, as was found to be the case in a leading Washington hotel, in which you and I, perhaps, have slept.

I promised at the outset that I would cry *Peccavi* with you, and here I admit that I was once as egregiously deceived as any tyro, nothwithstanding my experience of the tricks and shams of the house-building fraternity, such as "Quaker" ventilating registers, which open into blind spaces in the walls where there are no flues, putty-joints carefully blackened to counterfeit metal, pipes that enter ceilings and floors and there disappear. The occasion was the construction of an apartment under my supervision, intended to be a model of sanitary propriety, with its latrine perched in a box entirely outside the walls, and having, as I directed, its soil-pipe conducted through a cemented space in the outer wall. Even my successor commended the arrangement, and generously shared my chagrin when, a few weeks ago, it was discovered that the adroit plumber had managed to save himself trouble, or rather have his own way, by effecting a connection under the floor of my model apartment with an old interior soil-pipe by another, which actually inclined upwards to its outlet. When the accumulation of years had narrowed the

calibre of the pipe, and the increased pressure had loosened the defective joints, the escaping odors exposed the fraud. The revelation scarcely mortified me more than the discovery at another time that I had lived nearly two years in a house in which the soil-pipe had no outlet into the street sewer, and that my children's lives had only been saved by their habits of out-door exposure by day, and of sleeping with the windows wide open at night. Doubtless in every street in every great city there is some such another underground mystery, under many a cellar a hidden quagmire unsuspected until its victim falls. A serious case of typhoid fever during my duty at the Navel Academy, led to the examination of an old earthen drain near by, and the discovery that it was completely filled for many feet with a mass of matted root, which had grown from one tiny rootlet that had found entrance through a minute flaw in the pipe. A few weeks ago an officer of the health department of a neighboring city told me of the instance of a family of blooming children, who had come to reside in a neighborhood admired for its handsome residences and the absence of shops and other proletary eye-sores, who within a year lost color, strength, and flesh, and were, as their mother said, always ailing. At his suggestion the house appointments were examined, and a cess-pool without outlet discovered under the cellar-floor, which emitted its fatal air without the hindrance of a trap into the house by way of the bath-room and the kitchen-sink. The landlord demurred at making the necessary changes, because he had lived there himself unscathed. "Where there is a death from typhoid," said England's great sanitary officer, "somebody ought to be hanged." Certainly where a single case of zymotic disease occurs, diligent inquiry should be made as to its cause. Where several happen, there is an absolute certainty that some wrong exists, which should be righted; yet I know of a neighborhood where such diseases have prevailed in a block of buildings drained only by an old twelve-inch sewer, which, from the workmanship common when it was laid, is probably as level as a corduroy road, and leaks at every joint. Nevertheless this death-trap like a thousand others must remain until authority is vested in some one to discover and remove them at the expense of the wilfully or ignorantly neglectful owners.

Were I asked what functionary in the District of Columbia performs the most onerous, responsible and commendable duty, I should unhesitatingly single the inspector of plumbing. But he need be Hercules with Briareus' hundred hands to perform the Augean task which must be done before even Washington, the fairest and cleanest city in the Union, can claim to be in a proper sanitary condition. First, he has to remain in his office from 9 A. M., until 1 P. M., to examine the drainage and plumbing plans of every building erected in the city, and ascertain whether they comply with regulations; and if he approve them, give a certificate, upon which the inspector of buildings issues a permit to build. After one o'clock he is expected to make a personal inspection of every house in course of erection, alteration or repair, and before he can certify that the work is satisfactory, and in compliance with the regulations governing plumbing and house drainage, these inspections must be at least thrice repeated; first, when the iron drain-pipe is laid underground, it is required to be filled with water, and to remain full until seen by the inspector; second, when the vertical soil and waste-pipes are attached the same test is made; and, third, after all the fixtures, such as water-closets, bath-tubs, wash-tubs, basins and sinks are in place and properly connected, the water turned on from the street and everything in working order. Can he, and the single assistant only recently allowed, do all this, and do it thoroughly, in a city growing at the rate this does? Assuming that he can and that the strong arm of the law will support him in protecting against future insanitary follies in house architecture, what does it avail in face of the thousand upon thousand faults of the past that remain uncured?

The new house may be innocuous because new, but what of the house with its hidden cess-pool in he cellar, or so near the building that the prevailing winds blow directly from it into chamber windows; with its earthen drains under the cellar floor, that have no fall or run uphill, broken or with leaking joints, saturating the spongy earth with sewage; with its old honey-combed iron and tin pipes that only needed to be smartly tapped to fall to pieces; with its untrapped and unventilated pipes that admit the air of the sewer or cess-pool through closet, bath-room or kitchen-sink, directly into the house; with its space under the building where light never penetrates, and its dark unclean cellars, whose stagnant air, tainted with mildew, is heavy as the tomb's, where vegetables lie rotting and cobwebs are spun and vermin breed and multiply and rats burrow and undermine; with its dark rooms made more dark with heavy curtains, its cupboards and storerooms where stale food decomposes, its clothes-presses and closets where soiled gar-

ments hang and cast-off shoes mould; with its cisterns and foul wells that are never cleaned; with any or all of the thirty or more defects in plumbing and draining, which Mr. Frederick N. Owen, the sanitary engineer, enumerates as having been encountered in his own experience—defective water-closet apparatus; cisterns with overflows joined to soil-pipe or drain; safes under closets or basins connected with soil-pipes or drains; two or more fixtures with unventilated traps on the same line of pipe, siphoning each other when used; scullery-sinks connected to drains admitting foul air to houses, not only through traps, but through brick-work joints; rain-leaders used as ventilators to drains, delivering foul air into bedroom windows or under eaves of roofs, etc. Can any house claim to be safe as to health in which any one of these defects exist? How many of you can honestly declare of your own knowledge that not one of them is to be found under your own roof? Do you know that five, ten, twenty, all of them, are not there? How many of you have sought to ascertain the facts concerning them? Will you plead your ignorance in excuse if your wife or child or some other dear to you die from typhoid, from diphtheria, from scarlet fever, from any zymotic disease? Whose but yours the fault that there is no well-trained corps of sanitary inspectors to do these things for you? Till such a corps is created, the responsibility rests upon each householder. You can make no better preparation against an epidemic visitation than to examine the possible sources of air-pollution in your dwellings. See that the pipes within are sound, well-trapped and ventilated; and then follow them away from your house to the sewer, and thence to its outlet; and then observe what becomes of its contents, lest these are brought back to you in your drinking water. If you do not take these precautions, you should feel that you are sleeping over a volcano. A thousand venturesome ones may even peer over the crater's brink and sniff the sulphurous fumes unharmed, but some day the thin crust breaks and you are overwhelmed by the streaming lava.

[TO BE CONTINUED.]

—Subcutaneous Injections of Cyanide of Mercury.—Prochorow ("Wratsch"; "Ctrbl. f. Chir.") reports eighty cases of syphilis treated with subcutaneous injections of a one-per cent solution of the cyanide. The average number of injections required before the disappearance of active symptoms was twenty. Not more than twenty-five or thirty drops were injected at a time. Only two abscesses resulted from nearly twenty-seven hundred insertions.—N. Y. Med. Jour.

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, June 13, 1885. The President, Dr. Atwood in the Chair.

PEDICULATED EXOSTOSIS OF EXTERNAL EAR-WITH SPECIMEN.

DR. WILLIAMS presented a specimen of a pediculated exostosis of the external meatus. The patient, a gentleman, complained of something growing in his ear, having noticed the presence of a foreign body six years ago. It slowly increased and latterly interfered with his hearing. Upon examination it was found to fill the meatus and was covered by a thin membrane. The bone was eburnated, the pedicle small and springing from the posterior surface of the meatus. It was slightly moveable. A stiff instrument was passed under the tumor, a violent twist given and the pedicle broken. It was easily and completely removed. The ear was otherwise healthy. The speaker referred this case on account of the extreme rarity of pediculated exostosis of the ear. They are generally conical with a broad base and it is difficult to remove them unless a serious and dangerous operation is performed.

COCAINE.

DR. JORDAN inquired to know if Parke, Davis & Co's preparation of cocaine was reliable.

DR. THORNTON had used it and it proved satisfactory.

DR. WILLIAMS had recently employed Squibbs' and it acted as well as the others.

DR. ATWOOD had made use of Parke, Davis & Co.'s topically and hypodermically and was satisfied with its effects. He cited cases of morphinism where it had acted successfully.

DR. MULHALL had nothing new to offer on the subject. He wished to remark that it had the power of thoroughly effacing erectile tissue, being on that account useful for diagnostic purposes in rhinology, as it would reduce the anterior swollen part of the turbinated process and thus enable the observer to see beyond.

DR. WILLIAMS inquired if the last speaker regarded the tissues of the nose as erectile?

DR. MULHALL answered in the affirmative.

DR. WILLIAMS thought that erectile tissues only swell temporarily; where this condition is constant he would call it hypertrophy.

Dr. Mulhall distinguished, clinically, two kinds of hypertrophy of the nasal mucous membrane—the true and false. In the former the spaces in the erectile tissue become chronically infiltrated and pressure will not efface these spaces. In false hypertrophy there is no infiltration, and pressure will obliterate the swelling. It is in this latter form that cocaine will act by reducing its size.

Dr. Fry had employed Parke, Davis & Co.'s preparation for irritable urethra in two cases, but without success.

An Unique Case.

Dr. Mulhall some four or five months ago treated a lady who had a purulent, fetid discharge from the right nostril. Upon close examination he arrived at the conclusion that there was a purulent catarrh of the adjacent antrum of Highmore. He sent her to a dentist to have the first molar tooth drawn, the cavity washed out and a gold tube inserted and provided with a flange to fasten it to a neighboring tooth. The patient could not afford to have a gold tube, so her husband put in the cavity a rubber one made of the nozzle of a syringe. It fitted and the woman seemed to do well. In three or four weeks she called to say that she had lost the tube, thinking that she might have swallowed it. The husband made another, but the discharge became fetid again. In two or three weeks she lost the second tube, and this time thought that it had gone into the antrum. Dr. Mulhall hardly thought so. A solid plug was put in this time and withdrawn whenever it was necessary to wash out the cavity. This was also lost. A fourth plug was made and it also disappeared. This time the patient was certain of its location, as the dentist pushed it in whilst trying to extract it,as it had already progressed somewhat into the cavity of the antrum. There was some pain about the eyeball. About three weeks ago Dr. Mulhall separated the cheek from the jaw, made an opening into the antrum along the alveolar border and in the course of a half-hour's searching found one tube and during another hour and a half he extracted two more. It being too dark to proceed, he placed a drainage tube in the opening and directed the patient to wash out the cavity. A few days after the fourth plug was washed out and the purulent discharge ceased.

Dr. Fry inquired why the doctor did not make the opening into the antrum from the first, instead of having a tooth drawn. He believed he was taught that the lowest point of the floor of the cavity could be reached that way.

Dr. Mulhall said that he had the tooth drawn for several reasons. The lowest point of drainage could be obtained by drawing the tooth; the tooth was diseased and was the cause of the catarrh of the antrum; it is a simpler and more agreeable operation to the patient, to have a tooth drawn. He closed his remarks by observing that he had treated four cases of purulent catarrh of the antrum of Highmore and it was a disease very often overlooked. Many troubled in this way are treated for infra-orbital neuralgia or other supposed troubles. He then concluded by giving the general diagnostic points by which this trouble may be recognized.

VEREIN DEUTSCHER AERZTE.

REPORTED FOR THE REVIEW.

Regular meeting, March 20, 1885, sixteen members present, Dr. Fischel in the chair. Dr. H. W. Hermann read a paper on "Hypochondriasis. (See page 488).

Discussion.

Dr. Richter considered a prominent cause of hypochondriasis to be the reading of exaggerated accounts of the evil consequences of sexual abuses.

Dr. Alt said that oculists frequently met with such patients that have masturbated and read pamphlets distributed by quacks. All sorts of visual defects are complained of and such patients usually make the rounds of the specialists.

Dr. Baumgarten related a case of a patient who imagined he had gonorrhea and who had been treated according to his statement by a number of physicians for this affection. There was no discharge whatever, and the ailment existed in the imagination of the patient alone. The treatment followed was the introduction of mercurial ointment by means of a bougie into the urethra. This brought on a purulent discharge which was treated accordingly. The hypochondriasis vanished with the urethritis.

Dr. Heyer agreed with Dr. Hermann that morphia should never be used in hypochondriasis and hysteria. He considered bromide of potassium as a most valuable remedy.

Dr. Fischel mentioned the employment of hyoscyamin.

Dr. H. W. Hermann believed the latter remedy hardly indicated in this disease but conceded its value in maniacal affections.

Tubercular Meningitis.

Dr. Heyer related the following case: Child 3—4 years of age. Had measles in

December,1884; bronchitis persisting. At the end of February, the patient was found in low condition, weak and emaciated, constipated, obstinate vomiting, stupor, coma clonic spasms, strabismus. All symptoms pointed to a process at the base of the brain. Temperature 101.0. Pulse very irregular and rapid; respiration also irregular. This condition lasted about a week, when all these symptoms gradually disappeared and then followed a week of comparative relief. Thereupon there was a return of all the former symptoms. The temperature, which had been during the eight days of intermission at 98—99 degrees, rose again to 101—102°. Death ensued after coma. Diagnosis, tubercular meningitis. The treatment consisted in the exhibition of iodide of potassium, bromide of potassium, calomel, blister to the nape of the neck. The temporary disappearance of the symptoms Dr. H., attributed to the reabsorption of the inflammatory exexudation.

Dr. Greiner inquired as to the contour of the abdomen.

Dr. Heyer stated that the abdomen was first distended and tympanitic and then sunken in.

Dr. Greiner said the rule was for the abdomen to be first retracted and then distended.

Trismus.

Dr. Greiner related the following case: A female patient, 20 years of age, had in consequence of a pinching shoe a callosity at the ball of the great toe which was intensely painful. Antiphlogistic treatment gave no relief. It is well known that often synovial bursae form under callosities and it was thought that to such an one the inflammation was to be referred. Incision, however, brought nothing but blood and serum. A few hours later there was difficulty of deglutition and inability to open the mouth. The temperature registered 103—104 degrees. The pulse was 120, intermittent, soft and full. After hypodermic injection of morphia, atropine and quinia, the patient could swallow better and large doses of chloral hydrate, ℥ss per diem, were administered per os for several days. The recovery was perfect.

Dr. Baumgarten referred to the short time that elapsed between the incision and the appearance of symptoms of trismus. He believed that the trismus was due not to the incision, but to the intense inflammatory pain.

Poisoning by Duboisin.

Dr. Alt reported a case of iritis in which he employed duboisin in preference to atropia. Only three drops, each drop representing 1-120 of a grain were instilled once. There followed delirium, dry throat, pulse 126. The pupil of the eye treated was alone dilated. Morphine, 1-8 grain, and chloral 15 grains, at each dose were given until sleep ensued. On the next day the patient was well and atropia was thereafter used without any ill effect, The quantity of duboisin mentioned was all that was exhibited. The poisoning must have been due to a peculiar idiosyncrasy.

Injury to the Right Eye.

Dr. Alt also related the case of a young man wounded by a foil, the blunt point of which broke off and struck him near the lower lid and the outer portion of the eyeball. There was edema and probably extravasation of blood into the orbital cavity. There was paresis of several of the external muscles of the eye, no exophthalmus. There was anesthesia of the skin of that side of the forehead and scalp. Cocaine was instilled and ice applied. The eye improved slowly but not so the anesthesia.

Dr. Heyer thought that the paresis was due to lesion of the ophthalmic ganglion.

Dr. Alt thought that an extravasation that would exercise pressure on the ganglion would also produce exophthalmus.

Dr. Baumgarten asked if the supraorbital nerve had not been injured by the thrust.

Dr. Alt said there was no lesion of such a nature apparent.

Acute Canites—Vitiligo.

Dr. Evers reported a case of right facial neuralgia in an unmarried French lady of 20 years of age. The hair over the right temple, and the eyebrows and eyelashes of the side affected became totally white within the time of two weeks. This loss of pigmentation was confined to the hair. The skin remained unchanged.

Dr. Baumgarten observed a similar case. There was neuralgia of the upper extremities in a French hypochondriac. There developed white spots free from pigment on the skin of the dorsum of the hands, fingers, forearms; also on the breast. Strychnia was given. After the general health was improved the skin regained its natural color.

Thereupon adjournment.

—Sodium Ethylate in Lupus.—Startin ("Med. Press"; "Practitioner") has recently called attention to the value of this substance as a local application in lupus. Dr. B. W. Richardson had already used it with success in the treatment of nasal polypi.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, June 1, 1885. The President, C. T. Parkes, M. D., in the Chair.

HAY FEVER, ITS CAUSES AND CURE.

DR. E. F. INGALS read a paper with the above title, in which he said this disease had been the subject of investigation ever since it was discovered by Bostwick in 1819, but only recently has the profession arrived at satisfactory conclusions as to its etiology and treatment. The disease is met with commonly in Southern England and the United States, rarely in Europe, and never among the natives of Asia and Africa. It is an aristocratic affection, as being found more commonly among the residents of cities and villages, and the opulent, than farmers and the poor, notwithstanding the theory that it is caused by the pollen of grains.

Hay fever usually makes its appearance about the middle of August and lasts till the first frosts of Autumn. During an attack the mucous membrane covering the turbinated bones is greatly swollen, usually congested, the congestion often extending to the palate, fauces, pharynx and conjunctivæ. Microscopic examination of the secretions have revealed numerous vibrios which were formerly thought to be the cause of the affection, but it is more probable that their presence is accidental, as they may usually be found in the nasal secretions at other times. The pollen of plants act as causes, not per se, but as exciting causes, being irritants to an exhausted nervous system. This nervous exhaustion renders the nasal nerves peculiarly susceptible to irritating substances. The theory of the nervous origin of hay fever has been generally accepted by the profession, although it has been only recently established that the tract involved is limited in the majority of cases to the lower turbinated bones, and the lower and back part of the septum. In a considerable number of cases the sensitive area is even more limited, though in some cases the middle turbinated bones are involved. The sensitive areas are not uniform in different cases.

After referring to the symptoms and diagnosis of the affection the treatment was discussed. Weak solutions of quinine had been applied to the diseased regions, on the theory that this drug would destroy the minute organisms which were formerly supposed to be the cause of the affection. While this remedy had proven efficacious in some instances, it was found that weak solutions of soda or other nonirritating drugs had proven as efficacious. Many remedies have been vaunted as specifics in the treatment of this as in that of other intractable, self-limited diseases, and they have been found sadly wanting in curative properties. Internal remedies that are of value are tonics and antispasmodics; and local remedies that give relief in the onset of the disease are weak solutions of quinine, carbolic acid, tincture of opium, powders of morphia, bismuth, iodoform, etc., but they are not curative. For the asthmatic symptoms we can use the remedies appropriate to spasmodic asthma. However it is only recently that we have found a remedy that promises to cure nine cases out of ten, and a remedy which promises to relieve the distressing symptoms in a fully developed case of hay fever. The latter is cocaine. Its action is such that it promises to be very valuable in the palliative treatment of the disease. A case of idiosyncratic catarrh which closely resembles hay fever, came under Dr. Ingal's observation recently. A two per cent mixture of cocaine and starch was blown into the nose as soon as the paroxysms came on. It gave immediate relief and was repeated as the attacks recurred. About two weeks after another attack supervened, and the same treatment gave relief. Cocaine will doubtless prove to be a remedy of great palliative power in this affection.

Successful treatment by the galvano-cautery, which was first thoroughly tried by Dr. Roe, had, previous to last May, been applied by Drs. Roe, Allen and Sajous, to about thirty cases, about eighty per cent of which were reported cured.

As the disease is caused by a peculiar sensitiveness of the terminal branches of the spheno-palatine ganglion and nasal nerve, which are distributed over the septum and turbinated bodies, the treatment, to be effectual, must remedy this hyperesthetic condition. The means adopted for accomplishing this purpose consist in applications of glacial acetic acid, carbolic acid, and other escharotics, and searing the membrane with the galvano-cautery. The chemical agents often fail, but the galvano-cautery, properly used, seldom fails. Successful treatment with the galvano-cautery requires from ten to twenty sittings, and should be completed before the attack comes on. The method used is to first examine the nasal cavity with a slender, flat probe, by which the sensitive spots are located, and then the cold electrode is passed into the naris and having reached the point to cauterize the electricity is turned on, whereby the wire is heated. It is applied for the fraction of a second to the diseased tissue, causing a small superficial burn. The

operation is repeated at intervals until all sensitive spots have been relieved, care being taken not to burn too large a surface, else severe inflammatory action may ensue.

When skillfully performed the operation causes little pain, and if cocaine is applied previously no pain will follow. If no anesthetic is used the pain may be relieved by spraying the parts with Dobell's solution.

In conclusion, nearly all cases may be cured by systematic, thorough, superficial cauterization with the galvano-cautery of the hyperesthetic portion of the nasal mucous membrane, providing the treatment be carried out between the attacks. Care must be taken to cauterize every sensitive spot, and not too much at once. The operation may be made painless by cocaine, and this drug may give relief during the attacks. General treatment must not be neglected.

Dr. Ingals then exhibited the battery he uses, which is a large battery of the ordinary pattern. He said it was necessary to have a good battery with a large amount of reserve force, so it can be used without the necessity of frequently agitating the fluid. The fluid must be often renewed.

DISCUSSION.

DR. F. O. STOCKTON opened the discussion by saying that while he complimented the author on his paper he thought more prominence might have been given to the causal relation of hypertrophied turbinated tissue to hay fever. In all cases of hay fever he had met he had found hypertrophic nasal catarrh. If we treat hay fever, why not also treat the hypertrophic catarrh which is a causal factor of the disease?

He always removes the hypertrophic tissue on this account.

In all other points he agreed with the writer, especially in the use of cocaine. Since this drug came into use he has used it in several cases which resembled hay fever, with good results. It gave more relief than quinine, belladonna, or any other drug.

DR. R. TILLEY protested against the use of the term hay fever, when it is shown that it does not depend on the pollen of hay exclusively as a cause. He thought a better term to be idiosyncratic coryza, as it is caused by a multiplicity of circumstances. That morning a patient had visited him in whom the symptoms were almost identical with hay fever, and if they had arisen at the proper season they would have been so diagnosticated. He is a grocer, and the attacks occur whenever he has to handle coffee.

He used cocaine in a four per cent mixture with bismuth, and it gave great relief.

He has often in cases of hay fever performed scarification on the inferior turbinated bones and mucous membrane of the septum with good results. He applies first a little cocaine, and very little bleeding follows.

With reference to the location of the sensitive areas in the nose, he thought that certain indefinable pathological conditions of the mucous membrane gave rise to the sensitiveness which may be found in any region where the mucous membrane is in a pathological condition.

DR. G. F. HAWLEY remarked that in passing the Eustachian catheter, when it reached the posterior part of the turbinated body it often produced a reflex cough, even in healthy persons. He had one patient in whom asthmatic symptoms occurred the moment this region was touched, and after the removal of the hypertrophied tissue by the Jarvis snare the asthma disappeared.

Hay fever may be a neurosis or the result, by reflex action, of disease existing elsewhere. McKenzie of Baltimore relates a case of a young woman who had an ovarian disease, and had attacks of hay fever during each menstrual period. On examination of the nose there was found a small piece of hypertrophied tissue at the posterior extremity of the inferior turbinated bone, not large enough to obstruct the naris or to give rise to any troublesome symptoms of itself, yet when it was removed the hay asthma disappeared forever. It would be hard to define the relation between this tumor and the diseased ovaries which caused monthly attacks of hay asthma, but it seemed to exist.

DR. INGALS, in conclusion, stated that he is of the opinion that a careful examination of every case of hay fever will disclose the presence of a sensitive area. In the case quoted in which hay fever occurred during the menstrual periods, it was stated that there was a sensitive spot which when irritated gave rise to the asthmatic symptoms.

After cauterization the mucous membrane heals in about ten days. A small spot the size of a dime or nickel should be cauterized and then allowed to heal perfectly before making another cauterization.

The Society then adjourned.

ILLINOIS STATE BOARD OF HEALTH.

OFFICIAL REPORT.

During the late quarterly session the following action was taken upon cases arising under the MEDICAL-PRACTICE ACT:

Dr. Charles McLean, of No. 182 West Madison

street, corner of Halstead, Chicago, charged with unprofessional conduct in (1) Fraudulently issuing a card in the following terms:

Dr. McLean's Medical Institute for Female Diseases, 182 W. Madison street, Room 11. Phrenology and Mesmerism Successfully Taught. Terms reasonable. President—Charles McLean, M. D., assisted by Prof. L. H. Anderson and others. Dr. McLean's New Developer for Delicate Ladies never fails to Strengthen the Chest, Develop the Bust, and Beauty the Complexion.

(2) Attempting to blackmail a female patient, attracted by the foregoing card, and whose testimony before a Chicago police justice, submitted to the Board, established the fact of grossly indecent solicitation and practice on the part of said McLean. (3) Obtaining money under false pretenses, for which he was arrested, confined in jail, and released on refunding the money. (4) Grossly immoral conduct and general reputation in the building where his so-called "Institute" was located.

In a pamphlet styled "The Mind Cure," dated October, 1884, appeared the following:

"We duly appreciate an interesting call and visit by Charles McLean, M. D., LL. D. The doctor is widely known in Europe and America. Is a graduate of Glasgow University, Scotland, in the O. S.; also a graduate of one of the Chicago medical colleges, N. S. Has been a student of law and theology, and in the latter received D. D., but chooses not to use it, having retired from this field after two journeys around the world. He is an author of some repute, and speaks several languages. He is now a resident of Chicago. Full of energy, has gained wealth and prominent standing among druggists here and across the water. We find him cultured and progressive. He had learned of our new association and purpose and spoke so highly of the Mind Cure system we told him our door was open if he could identify with it. He is now a member of our association and a contributor to its finances. Also to be an editorial contributor to our columns. Such steps are portentous. Let them come. The doctor now is president of a Medical Institute at 182 West Madison street and will be heard from.

Dr. McLean had been duly notified to appear in answer to the foregoing charges, but it was stated by one of the sworn witnesses that he had disappeared after being released from jail. After a full consideration of the evidence presented, it was ordered that Certificate No. 5853, issued to Dr. Charles McLean, March 13, 1883, be revoked.

"Dr. James F. Cook, of the 'St. Jacob Institute,' No. 14 South Clark street, Chicago, charged with unprofessional and dishonorable conduct in (1) Being associated with a fraudulent medical 'institute,' so-called, of which he advertises himself to be the 'superintendent.' (5) Falsely testifying as to the physical condition of one Smith Whittier, for the purpose of mitigating the sentence of said Whittier, convicted in the United States District Court of sending obscene matter through the mails. (3) Writing, publishing and distributing an obscene pamphlet entitled 'Hidden Secrets.'

Dr. Cook had been duly notified to appear in answer to the foregoing charges, and after full consideration of the evidence submitted it was ordered that Certificate No. 527, issued to Dr. James F. Cook on January 2, 1878, be revoked.

Dr. J. Alonzo Greene, formerly of St. Louis, Mo., now at 34 Temple Place, Boston, Mass., charged with unprofessional and dishonorable conduct in 1) falsely and fraudulently claiming to have established "a system of curing all forms of chronic or lingering diseases." 2) Falsely and fraudulently advertising that the Illinois State Board of Health, among other Boards, Colleges, and Medical Societies, had awarded him and his associates "diplomas for their remarkable skill in curing disease, and their discoveries of valuable remedies." The evidence being deemed conclusive as to the truth of the charges, it was, after due consideration,

Ordered, That Certificate No. 4811, issued to Dr. J. Alonzo Greene on the 17th of December, 1880, be revoked.

Dr. Joseph Atherton, of East Paw Paw, De Kalb county, whose certificate was revoked October 5, 1882, and who had asked an opportunity to present reasons for its restoration, stated that he acknowledged the sufficiency of the grounds upon which his certificate had been revoked, but claimed that he had been misled, and upon discovering his mistake and its consequences had abandoned the objectionable practices. He asked the Board to restore his certificate, pledging himself to conformity with the requirements of the Medical-Practice Act as to honorable professional conduct, and sustained his application by strong commendatory letters from physicians and others. On motion of the Secretary, Dr. Atherton's certificate was ordered to be restored.

On motion of Dr. Mackenzie, all other cases under the Medical-Practice Act, not otherwise disposed of, were continued to a special meeting to be called by the Secretary at an early date.

At 6 o'clock P. M., Friday,

The Annual Examination

of candidates was concluded. The Secretary announced that two of the class of nine had withdrawn without attempting to pass the preliminary examination upon general education. Of the remainder, the following gentlemen at-

tained the required percentage entitling them to pass:

Adolph C. Brendecke, Chicago.

Jonathan E. Clarke, Mason, Effingham county.

James D. Craig, M. D., Roger's Park, Cook County.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, AND U. S. MARINE HOSPITAL SERVICE, FROM MAY 24, 1885. TO JUNE 8, 1885.

Maj. Albert Hartruff, surgeon, ordered from Department of the Missouri to Dept. East. Maj. H. E. Brown, surgeon, ordered from Dept. East to Dept. Mo. S. O. 121, A. G. O., May 28, 1885.

Maj. S. M Horton, surgeon, ordered for duty as Post Surgeon, Fort Riley, Kansas. Maj. J. P. Cleary, surgeon, ordered for duty as post surgeon to Fort Lyon. Colo. S. O. 78 Department of the Mo., June 1, 1885.

Maj. J. M. Brown, surgeon, assigned to duty as Post Surgeon at Fort Omaha, Neb. Capt. Louis Brechemin, asst.-surgeon, relieved from duty at Fort Omaha, Neb., and assigned to duty as Post Surgeon at Fort D. A. Russell, Wyo. S. O. 49, Dept. Platte, May 29, 1885.

Capt. Calvin DeWitt, asst.-surgeon, ordered for duty at Newport Barracks, Ky. S. O. 107, Dept. East, May 22, 1885.

Capt. F. C. Ainsworth, asst.-surgeon, (Dept. Texas) ordered for temporary duty in Dept. Mo. S. O. 58 Dept. Tex., May 25, 1885.

Capt Wm. A. Hall, asst.-surgeon, (David's Island, New York Harbor) ordered for temporary duty at Willet's Point, N. Y., during absence of post surgeon. S. O. 121 A. G. O., May 27, 1885.

Capt. Jos. Y. Porter, asst.-surgeon, granted leave of absence for six months on account of disability. S. O. 126 A. G. O., June 3, 1885.

Capt. Wm. G. Spencer, asst.-surg., ordered for duty at Fort Sissiton, D. T. S. O. 55, Dept. Dak., May 20, 1885.

Capt. Wm. B. Davis, asst.-surg., granted leave of absence for one month, from May 25, 1885. S. O. 122, A. G. O.. May 28, 1885.

Capt. Charles Richard, asst.-surgeon, granted leave of absence for three days. S. O. 128, A.G.O., June 5, 1885.

First Lieut. R. L. Robertson, asst.-surgeon, leave of absence extended one month. S. O. 123 A. G. O., May 29. 1885.

Wyman, Walter, surgeon. To inspect unserviceable property at Baltimore, Md., June 6, 1885,

Carter, H. R., passed ass't surgeon. To inspect unserviceable property at San Francisco, Cal., June 6. 1885.

Battle, K. P., asst.-surgeon. To inspect unserviceable property at New Orleans, La., June 6, 1885.

ITEMS.

—Comparative Longevity of Statesmen.—Dr. Charles K. Mills, in his Toner Lecture on Mental Overwork and Premature Disease, has published some curious comparative statistics bearing on the longevity of public and professional men. He found that the average age at death of the twenty-five most prominent American statesmen, during the last hundred years, was 69; and that the average age at death of twenty-five contempory English statesmen was practically the same, 70 years. He thought, however, that there was a notably greater amount of work done by statesmen at an advanced age in England. The difference in English parliamentary life, as compared with political life in the United States was brought out by a comparison of the ages at death of members of the English Parliament and of the United States Congress who died between 1860 and 1884. Fifty-nine United States senators gave an average of 61 years; one hundred and forty-six United States senators gave an average of 55 years; the average for both being, therefore, 58 years. One hundred and twenty-one members of Parliament gave the remarkable average age at death of 68 years.—Brit. Med. Jour.

—Antiseptic Inhalations in Pulmonary Tuberculosis.—Miquel ("Bull. Gén. de Thérap.") recommends the use of a spray containing the following ingredients:

Corrosive sublimate - -	16 grains
Sydenham's laudanum -	5 drachms
Distilled water - - -	2 quarts.

Le Fort (Ibid) prefers this combination:

Camphor - - - -	8 ounces
Tincture of iodine } Pitch } -	30 drachms
Hoffman's anodyne -	1 ounce.

This should be placed in a wide-mouthed bottle, and the vapor inhaled at short intervals.—N. Y. Med. Jour.

—A Solution for Use in Pulmonary Gangrene.—Bucquoy (Ibid) suggests the following:

Tincture of eucalyptus - -	30 minims
Syrup of poppy - -	10 drachms
Water - - - - -	3 ounces.

The dose is not stated.

THE WEEKLY MEDICAL REVIEW.

MEDICINE AND SURGERY.

VOL. XI. NO. 26. CHICAGO AND ST. LOUIS, JUNE 27, 1885. TERMS: $3.50 A YEAR.

SALINE CATHARTICS.—The British Medical Journal writes:

"The conclusions arrived at by Professor Matthew Hay, as the result of an experimental investigation of the physiological action of certain saline cathartics, are of much interest, and are deserving of careful study and consideration. His experiments were made chiefly with sulphate of soda, sulphate of magnesia being used only occasionally; but these salts are sufficiently typical of the whole group to justify the belief that, had other members been chosen, similar results would have been obtained. In the first place, it was found that a saline purgative always excites more or less secretion from the alimentary canal,depending on the amount of the salt and the strength of the solution employed. The excito-secretory action is probably due to the bitterness as well as the irritant and specific properties of the salt,and is not simply the result of osmosis. The low diffusibility of the salt impedes the absorption of the secreted fluid, so that, as a result of the stimulated secretion on the one hand, and the impeded absorption on the other, there is an accumulation of fluid in the alimentary canal. This fluid, partly from ordinary dynamical laws, partly, perhaps, from a gentle stimulation of the peristaltic movements excited by distension, reaches the rectum, and so gives rise to purgation.

It is found that purgation will not take place if water be withheld from the diet of one or two days previously to the administration of the salt in a concentrated form. This is due not to the absence of water in the alimentary canal, but to its deficiency in the blood. Under ordinary conditions, with an unrestricted supply of water, the maximal amount of fluid accummulated within the canal corresponds very nearly to the quantity of water required to form a five or six per cent solution of the amount of salt administered. Consequently, if a solution of this strength be given, it does not increase the bulk. If a solution of greater strength be administered, it rapidly increases in volume until the maximum is attained. After the maximum has been reached, the fluid begins gradually and slowly to diminish in quantity. The more voluminous the solution of the salt administered, the more quickly is the maximum within the canal reached, and the more quickly will purgation follow; a point of considerable practical importance. The secretion excited by saline cathartics is a true succus entericus, the fluid being poured out from the intestines, and the bile and pancreatic juice participating to only a very slight extent.

Saline cathartics do not purge when injected into the blood, nor do they purge when injected subcutaneously. Sulphate of soda exhibits no poisonous action when injected into the circulation, but sulphate of magnesia, when so injected, acts as a powerful toxic agent,paralyizng first the respiration, and afterwards the heart. Either salt, when administered in the usual way, in the usual way produces a gradual but well marked increase in the tension of the pulse. As the intestinal secretion excited by these salts contains a very small proportion of organic as compared with inorganic matter, the purgative removes more of the latter than the former from the blood. In some cases even a large proportion of the salts of the blood may be evacuated in this way. It appears that the amount of the normal constituents of the urine is not affected by the salt. After the administration of sulphate of magnesia,

more of the acid than of the base is excreted in the urine. The salts have no specific action in lowering the internal temperature of the body, although they may reduce the absolute amount of heat.

Bloodless Stretching of Nerves.—Cattani (Gazzetta degli Ospitali, 4, 1885 Practitioner.) has made several experiments on rabbits in Professor Tizzoni's laboratory, to see whether nerves can be stretched by forced extension of limbs, and to compare the results obtained in this way with the results obtained in the ordinary way by stretching the nerve on the fingers or on an instrument after it has been laid bare. The sciatic nerve of the rabbit was stretched by extending the leg on the thigh, and keeping the limb in this position while flexing the thigh until the foot touched the animal's neck. The histological changes following this procedure were identical with those following the ordinary method. In many nervous fibres, especially the large ones, the axis-cylinder was broken here and there at various distances; the medullary sheath showed spaces more or less extended, especially in the neighborhood of Ranvier's nodes. To these first lesions succeeded degeneration, and disappearance of the medullary sheath and of the axis-cylinder, with increase of protoplasm and with proliferation of the nuclei. Regeneration followed degeneration. A remarkable difference was observed, according to the mode of stretching employed. In the ordinary mode of stretching by laying bare the nerve, the effects were mostly confined to the point where the mechanical force was applied. In stretching by forced position of the limb, the degeneration was found to extend even to peripheral branches. In this latter plan also, proliferation of connective tissue was absent, and hemorrhage from rupture of small vessels was rare or absent. In both methods, the alteration in the function of the nerve consisted almost entirely in a considerable diminution of sensibility, motility being impaired only slightly and for a short time. Stretching by forced position of the limb, when the nerve admits it, is to be advised when it is desired to affect peripheral branches.

The Surgical Treatment of Varicocele.—The Lancet refers to a note read at a recent meeting of the Academy of Medicine by Dr. Horteloup, Surgeon to the Hôpital du Midi, on the Surgical Treatment of Varicocele, wherein he proposed a radical cure for that troublesome affection. Dr. Horteloup stated that, although he was aware that after the age of thirty the malady gradually disappeared spontaneously, yet he thought something should be done to render life supportable, even if the malady could not be cured before that age. This is all the more desirable in the cases of young men who present themselves for enlistment in the army, several of whom are annually rejected on account of the infirmity. Various methods of cure have been employed by surgeons, but they have proved merely palliative, and very frequently patients were sent away with only a suspensory bandage, which they had to wear for an indefinite time. In other cases, when operative measures were adopted, several fatal accidents have occurred, which have caused some repugnance to surgical interference. Dr. Horteloup, however, considers that since the application of the antiseptic treatment of wounds, etc., the opinions of surgeons have been considerably modified as to the result of surgical operations, and he did not see why a patient suffering from the affection in question should be denied the benefits of an operation. That proposed by Dr. Horteloup consists simply in cutting out a rather large portion of the scrotum on each side, thus reducing it to a size that would enable it to form sufficient support to the testicle and the spermatic cord Dr. Horteloup has performed this operation eighteen times within the last two years, and he found that the size of the scrotum having been reduced, the suspensory bandage could be advantageously dispensed with.

Hip-Joint Disease and its Treatment.—John Croft, Surgeon to St. Thomas Hospital read a valuable paper on this subject before the South London District Branch, the perusal of which puts the whole subject in such excellent light that we quote in extenso. He classifies the disease under two heads, acute and chronic, and says we meet with acute synovitis and arthritis; acute synovitis of simple serous catarrhal character, acute suppurative synovitis; and the infective suppurative inflammations, as the gonorrheal and pyemic. Acute arthritis is met with when other articular structures beyond the synovial membrane are affected. He states that this acute variety commonly ends in acute necrosis of the epiphysis of the femur or portion of the acetabulum. To all these Mr. Croft does not refer specially. He limits his remarks to the chronic variety of arthritis.

The first point he makes is in regard to the pathological anatomy of the affections. On examination of parts removed by excision in sixty-eight cases he says that chronic hip-joint disease in children is of three several kinds: (1.) Simple. (2.) Strumous or scrofulous; (3.) Tuberculous.

Mr. Croft continues in the following masterly and erudite style:

"I am not singular in these views of scrofulous and tuberculous disease of joints. Mr. Erichsen, in the excellent new edition of his Surgery, by Marcus Beck, recognizes tubercular disease of joints, and almost admits primary tuberculosis, without giving any additional facts of his own collecting. Mr. Bryant adheres to his former opinions. Mr. Macnamara has personally convinced himself of the fact of tubercular disease. Mr. Barwell, in an article of this year's date, in Ashhurst's Encyclopedia of Surgery, gives an opinion rather in favor of tuberculosis of joints, but no facts.

The most recent public utterances on the part of continental surgeons, since those quoted in my paper of February, 1881, were made at the International Congress in Copenhagen, where Oliver Trélat and Volkmann repeated in an emphatic manner their views as to the frequency of the occurrence of tuberculosis of joints. Indeed I am inclined to imagine that these authorities may be too broad in their statements. Volkmann stated that, in 250 instances of excision of the hip-joint, he had found all but five or six to be tubercular. He had found Koch's bacilli in all. P. Bruns, Tübingen, is convinced of the tubercular nature of white swellings and fungous gelatinous tissue. Kœnig, of Berlin, formerly of Gœttingen, in a recent pamphlet on disease of bones and joints, writes more positively than before of the frequency of tubercular disease.

It is not denied that many cases of scrofulous disease of joints recover without any extension of this disease to other parts of the body, as in the history of scrofulous disease elsewhere in the frame. It is not denied that primary tubercular disease of joints is recovered from without operation and without extension of the neoplasm, now called by some infective granuloma. I, however, reassert, from my own knowledge, that primary tubercular disease of joints does occur, and I venture to reassert the truisms, 1, that tubercle is auto-inoculable or infective; and, 2, that scrofulous inflammations predispose to and become the seat of tuberculosis, as these have an important bearing on the early diagnosis and early treatment of this disease of which I am speaking.

Next to this subject of the frequency of tuberculous form of arthritis at the hip, and intimately connected with the pathology of arthritis, I would direct attention to the frequency of the occurrence of necrosis and sequestra, in the progress of it.

I bring up this subject again because, as time has gone on, I have become more than before impressed with the significance of the occurrence of those sequestra. I think it is important, both with regard to quite early treatment when the disease is in its infancy, as it were, and it is of yet greater importance to recognize the possibility of its occurrence, or, rather, its having occurred, when abscess has formed. I do not intend to speak of the necrosis as it affects the question of incision

or excision; but, when reverting to the early treatment, I shall again refer to this possibility of necrosis. It is obvious that it is most important to prevent it.

The third subject to which I wish to turn attention is that of shortening of the limb as the result of the disease of which I am speaking. Surgeons are only too well acquainted with shortened limbs after the disease has passed beyond the second stage. Dividing the disease in three stages, for the sake of description, the second stage commences with the formation of abscess. When sinus and pathological dislocation occur, the disease has entered its third stage. Surgeons are only too familiar with shortening, as the result of these later stages of the disease, but they are not so familiar with shortening as the outcome of the disease when cured in its first stage. It is on shortening in this condition that I wish to remark.

It is my impression from perusing text-books on this disease that the practitioner is led to expect cure of the first stage without shortening; at least, this result is omitted. I am not speaking only from my own experience when I state that such an expectation is misleading. Cure of the first stage is a frequent possibility, but it is not always followed by perfect after-growth of the limb. At page 12 of the report of our committee of the Clinical Society we are informed that in seventeen cases personally examined, and found cured after the first stage, there were twelve good cures, with an average shortening of one inch, and three cases which presented three and one-fourth inches of shortening. These cures had not been attended by the formation of abscess, yet the fifteen cases presented an average shortening of two and one-eighth inches.

I look upon this as a very interesting fact, and think it should be more widely recognized than it is. It is a fact well known to me now, from the observation of the cases referred to in the report, and from my own experience. Cases well known to me as cures after the first stage, without suppuration at any period of their history, have resulted in permanent shortening of the limb. When simple synovitis is followed by resolution and cure, no shortening is expected or experienced. When arthritis occurs, and that ends in resolution, even then shortening may ensue; and I believe it mainly depends upon the situation of the bone-inflammation. Acetabular ostitis ending in resolution and cure is not likely to be followed by any, or by very trifling shortening; but when there is primary femoral articular ostitis, and that is followed by resolution and cure, it may be, and certainly will be, followed by shortening, and this will be more or less in extent as the epiphysal line of the bone has suffered from the inflammation. This consequence of the first stage of hip-joint disease should be fairly faced, and the young practitioner should be warned of its possible occurrence. The percentage of cases not passing beyond the first stage is, according to the reports so frequently quoted, 31 per cent. The proportion of such cases known to be cured is given as 48.4 per cent; the possible percentage may be larger. This is an excellent result, but I believe it may be exceeded in the future. Amongst the classes above the poor hospital-cases the percentage of cures is still better. The fact, however, remains that shortening does occur. I have briefly indicated the probable explanation of it. The surgeon should warn the friends of a child-patient that the cure of the disease in the first stage may lead to shortening in spite of the best treatment, and we may know that it may be from one inch to three inches and a quarter.

The fourth subject is one which belongs to both the pathology and to the symptomatology of the disease—namely, the contraction and rigidity of muscles about the joint. It is invariably present in the disease under notice. It is found in various degrees, being strongly marked in some cases, feebly marked in others. Its presence is absolutely indicative of the existence of inflammation in the joint; its absence is indicative of the subsidence of inflammation. It is, therefore, one of the most valuable and significant; in my

estimation, it is the most significant of all the early symptoms of hip-joint disease. Some authors appear to attach but little importance to the symptom, and content themselves with the mention of it. Mr. Hilton pointed out the explanation of this interesting phenomenon in his Lectures on Rest and Pain, in 1860 and following years. In his eighth lecture he said: "When the interior of the joint is in a state of inflammation or of irritation, the influence of this condition is carried to the spinal cord, and thence reflected to the various muscles of the joint through the medium of the associated motor nerves, the muscles being supplied by the same nerves that supply the interior of the joint." In that beautiful physiological fact lies the explanation of this constant early symptom of hip-joint disease. I speak particularly of it this evening because, first, I have found it one of the most significant of the diagnostic symptoms, and, secondly, because its early total subsidence and disappearance denote that the disease has yielded to the early treatment.

Having now very briefly commented on the four allied subjects, (1) of the often tubercular nature of this chronic disease; (2) the frequency of the occurrence of necrosis and sequestra in the later stages of it; (3) the less frequent but not uncommon result of shortening of the limb, found in cures in the first stage of the disease; and (4) the too much overlooked symptoms of reflex muscular spasm and rigidity, I will turn to the second part of the title of this paper—namely, early treatment.

I am quite in accord with the majority of surgeons in attaching great importance to pure air, particularly sea-coast residence, and such other general remedies as are well known to benefit scrofulous affections. I wish they were more within reach of the poor. The part of the early treatment of the disease which I would advocate now is absolute rest.

I have so frequently observed that the common treatment by rest has fallen short of absolute rest, that, at the risk of wearying some of you, I shall venture to explain what I understand by absolute rest. Simply applying an approved hip-splint for a diseased joint does not ensure complete perfect rest, as probably most hospital surgeons are well aware. If the splint has been applied properly, it prevents all movement of the joint, but it fails to take off the weight of the body from the limb, nor does it necessarily take off the weight of the limb from the pelvis or body. The limb is supported by the splint, that is true; but that is not enough to procure physiological rest. So long as the limb depends from the body, the muscles and ligaments will assist in supporting it; and so long as these structures around the joints are not in absolute rest, the joint is not functionally at rest. Perfect rest is best obtained by the strictly recumbent posture, combined with a long splint, efficiently applied. Several objections have been, and are, raised against this treatment. It is alleged that the confinement entailed by the recumbent posture is injurious to the general health. No doubt it is so when long continued, and in an unwholesome atmosphere, but only when it is practiced under these unfavorable conditions. The main objection is to the unwholesome atmosphere, and that is one which may be overcome. The advantages gained by the absolute rest far outweigh any disadvantages from long recumbency, provided it be in a favorable air.

Another objection raised against recumbency and long rest in early treatment is one common to it and rest generally—namely, that ankylosis is likely to be the consequence of it. This objection applies to the treatment of simple synovitis or arthritis, but not to strumous and tubercular forms of chronic arthritis. I am convinced that interruption of absolute rest by passive movements of the diseased joint is very injurious, and an unscientific proceeding. It is as unsound in practice as inefficient rest. I have never seen ill-results from properly conducted absolute rest; but I have often witnessed the mischief of interrupting the continuity of absolute rest.

Another and third objection to this kind of rest is one of an opposite kind; namely, that the pressure of the opposed articular surfaces causes ulceration of cartilage, or absorption of cartilage and bone. This objection does not apply to scrofulous or tuberculosis disease. When these morbid processes of ulceration, or caries, and absorption, are observed in strumous and tubercular inflammations, they are the results of the inflammation, and not of the pressure. I cannot admit that this objection is valid. It is as untenable as the previous ones, or less tenable. I am, therefore, an earnest advocate of complete continuous rest in this disease, for it is the most potent preventive element in the early treatment.

The morbid actions and changes which the surgeon should aim at preventing are progressive inflammation, and the collection of scrofulous or tuberculous inflammation products in the articular structures or cavity. These products are known to be very little capable of undergoing organization, and, on the other hand they are too prone to undergo degenerative changes, such as caseation and liquefaction.

Next, I advocate absolute rest with the view of preventing the occurrence of the possible necrosis. The formation of a sequestrum in the acetabular part of the joint, or in the head of the femur, must, at any period of the disease, be a serious complication; serious, I mean, as it entails protracted illness and abscesses, and, probably, such operative treatment as is not uncommonly called for in the later stages. Early check of inflammation may prevent the necrosis. I do not say that it will positively obviate it; I can only say that it may do this. When caseous products of inflammation infiltrate a portion of bone, this, in all probability, will become necrotic or carious. We can say this much, that perfect rest is the treatment best adapted to prevent necrosis, and I have pointed out that sequestra have been found in from thirty-five to sixty per cent of examined morbid specimens.

Thirdly, I would quote the occurrence of the shortening of the limb, which has been found in not a few cases cured in the first stage, as another reason for observing strict rest in the early treatment. The early reduction of the inflammation, both in its local extent and severity, one would expect to have a material influence over the consequences to the growth of the bones concerned. This applies more particularly to affections of the femoral epiphysis, whether they occur primarily or secondarily.

Fourthly, the connection between early treatment and muscular rigidity or spasm is of a character very different from that of the three preceding subjects. Its presence is to be taken as evidence that inflammation is in progress; its total extinction is to be taken as evidence that inflammation has subsided. When there are no longer any muscular resistance nor pain on flexion of the thigh or the pelvis, in other words, when the thigh can be completely and painlessly flexed on the pelvis, then the inflammation may be said to be cured. This is, in my estimation, the most valuable indication that the case is cured.

The rest which is insured by recumbent posture and the long suitable splint, should be accompanied by a certain amount of extension or traction upon the limb. I say a certain amount, for I do not think the quantity or quality of pain from which the patient is suffering is to be taken as the measure of the extension which is to be made. Some surgeons advise that weight or elastic force should be employed sufficient to neutralize the muscular spasms, and pull out the head of the femur from contact with the acetabulum, and to stop the night-screams; but my experience and reasoning are against the employment of so much force. The ilio-femoral ligament is no more capable of extension in early hip-joint disease than in dorsal dislocation of the femur. Weight, or elastic force sufficient to steady the limb, keep it straight, and prevent shortening, is all that is demanded.

With reference to local applications, my experience is against the employment of ir-

ritants, setons, issues, and the like. I have found leeching useful in relieving acute sensitiveness and pain in acute attacks of inflammation, such as we now and then meet with in the course of chronic diseases. In a similar way, poultices and soothing fomentations are occasionally needed. Their habitual use is not desirable. The whole limb should be kept warm, and scrupulously clean by washing, and it should be systematically rubbed to maintain the suppleness of the muscles and joints below the hip, as this obviates some of the minor ills of long confinement.

The splint which I employ almost exclusively is a modification of Thomas's back-splint for the disease. I found the back-splint was unsuitable for the second and third stages of the disease. It was greatly in the way in dressing abscesses and wounds. In the early treatment, it was less easily managed than an outside splint, and needed much care that it did not cause splint-sores. I prefer the parallel outside splints. These are connected by a chest-girdle of the pattern now exhibited. The long splint on the diseased side should be about six inches longer than the limb, and it should be furnished with a simple contrivance for making extension. A stirrup is applied to the foot and leg, and this stirrup is fixed to the end of the splint by a strong elastic band or cord. When firm points of counter-extension are needed, a pelvis-girdle is added to the splint, and to this girdle the ends of a perineal strap are attached. The girdle is also useful in preventing or correcting tilting of the pelvis. In all cases of tilting, I use the double splint, but when the disease is not accompanied by this deformity, a single splint is commonly sufficient."

The Cholera in Spain.—It appears that the usual excitement that prevails at the outset of an epidemic so virulent as Asiatic cholera prevails in Spain. In Madrid a heated dispute has arisen and the Board of Trade vigorously protest against the action of the government in declaring that there is cholera in the capital. And to make things worse the senseless objection of the denizens of the slums to sanitary preventive measures that were to be undertaken has taken shape in riotous disturbance.

From Valencia and Alcira the report comes that Dr. Ferran's inoculations were interdicted; but later advices state that investigation by a commission has led to resuming of the practice. The ground taken by the commission is that the inoculations have so far proven harmless. Whether they are of any benefit the future must show. It is still too early to form any definite conclusions.

The Treatment of Corpulence on Physiological Principles.—As analyzed by the Birmingham Medical Review (Detroit Lancet) Ebstein, in his work on corpulence, gives some practical points for the reduction of obesity.

According to him, fattening is strictly analogous to the fattening of cattle, and depends on over-feeding. He, however, disputes the current view that fat makes fat; on the contrary, he thinks fatty food protects the albumen and prevents its forming fat. His plan of treatment, therefore, consists in moderating the quantity of food, and while cutting off all vegetable carbo-hydrates, sugar, starch, etc., allowing a moderate quantity of fat, two or three ounces daily, to be taken. He also suggests that the diet should be monotonous, greasy, and succulent, so as to cause satiety rapidly. He disallows beer, but permits light wines.

The plan advocated appears rational, and is free from the objection of Banting's method, which is too much like starvation. The following is the diet used successfully by Ebstein in one of his cases:

Breakfast.—One large cup of black tea—about half a pint—without sugar; two ounces of white bread or brown bread, toasted, with plenty of butter.

Dinner.—Soup, often with marrow, from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether, ex-

cluded. After dinner, a little fresh fruit. For second course, a salad, or stewed fruit without sugar. Two or three glasses of light wine, and immediately after dinner a large cup of tea, without milk or sugar.

Supper.—A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, bread well buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost twenty pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combated.

CONTRIBUTION.

SOME OF THE NEGLECTED OR UNDULY APPRECIATED PSYCHICAL PRECURSORS OF BRAIN DISEASE.

BY C. H. HUGHES, M. D., ST. LOUIS.

Read before the Missouri State Medical Association, at St. Joseph, May 1885.

The precedent of all grave cerebral disease is neuratrophia[1], or defective nerve nutrition disturbing the quality and constitutional molecular relations of the cerebral cells and their reciprocal physiological conditions of waste and repair.

Neurotrophia may, in a sense, be considered as functional, to distinguish it from organic disease, i. e., it may be so slightly organic as to not necessarily excite alarm for such profoundly destructive change tends to a speedy and grave destruction of the physiological function, when, for nicety of distinction, we use the term functional disease, we ought thus to always understand ourselves, because, in strictest sense, there could be no functional derangement without structural disorder, either in molecule or mass. Structure and function in the human economy go together just as in mechanics, adjustment determines the character of movement and variations of movement from the normal leads us to look for changed mechanism.

The essential psychical symptoms of general functional neuratrophia[2], which are precursory of brain breakdown and which by long continuance, if unrelieved by curative treatment, so often ultimate in destructive conditions, which, when they finally fall under the care of the physician for earnest treatment, are often hopelessly irremediable are now to engage our attention.

One of the strangest inconsistencies in human character is here shown in the proneness on the part of sagacious business men of great enterprise and capacity, to lightly estimate or ignore symptoms which, even in the uninformed minds of the laity, are significant of something, a something which they are incapacitated of course by inexperience for justly estimating, but which at the greatest of risks they often persist in deciding (without medical data), as of but little consequence. A little fire of unrest is kindled somewhere in the brain, a little flaw in the working of their physical machinery has been brought to their consciousness, but, unless it be of such a painful and incapacitating character as to entirely stop or completely derange all function, they persist in goading their mental machinery to further movement until the completion of this or that cherished project, when, at a convenient season, they intend to call in the physician, when lo! the undertaker comes in his stead or with him or soon after! A sort of remorse seems to come over these persons over duty to self undone and at the last hour, when the mental machinery can by no possibility be longer used, the physician is called to watch over morbid conditions he cannot change and certify as best he can to the cause of death, and especially that the patient did not die by his own hand; and to keep the coroner out of the house and let the undertaker in. If the honest verdict of the fraternity were asked and given in many of these cases, it would not of course be suicide in the common acceptation of the term, but it would be "death inadvertently induced by his own head."

Self-preservation is ordinarily, the first law of nature, yet our overworked and overworried men of affairs and business, who will promptly stop a fire in the cellar or a leak in the roof, or a defective foundation which imperils the safety of a business building, will neglect a flaw, a leak or a fire in their own

1 A term which the writer, in July, 1882, introduced in to medical nomenclature from neuron, a nerve or string, alpha privative and trophe, nutrition. Vide: Article on Essential Psychical Signs of General Functional Neuratrophia.—Alienist and Neurologist for July, 1882.

2 Vide paper Essential Psychic Signs of General Functional Neuratrophia.—Alienist and Neurologist, for July, 1882.

organisms until the process of destruction has gone beyond the limits of possible repair, even under the most skillful treatment.

The greatest power of medicine is in the prevention of impending grave disease, at that period when the patent nostrum is perilously played with or indifference occupies the mind.

The business man who counsels with his attorney when even the shadow of a suspicion crosses his mind as to the possible existence of a flaw in the title he is about to acquire in a piece or parcel of property usually postpones the services of the physician, like some of them do advice of the clergy, to the very last moment, or casually asks some passing physician of whose qualifications he is not well assured,what's good for this or that disease he imagines he has, making the astute diagnosis from his own wide observation of disease or mayhap from what he has learned from the latest reliable family medicine almanac,which always makes the symptoms so plain that any fool may see them and especially the remedy that relieves them, and the reliable (?) certificates to dovetail with scientific exactness and pecuniary certainty with the causes, the conditions and cure!

Thus it is also with the manufacturer, who, though the architect must look promptly after a breaking wall to save the building from falling, has no use for the physician until he crumbles and can work no more.

And so it is with the farmer, the fruit-grower, the stock-breeder and all. That business sagacity which saves their crops of grain, their fruit and stock by timely attention to the condition of healthful growth and efforts to ward off impending disease at its earliest invasion, seems to forsake them when their brain machinery begins to work laboriously, unless, fortunately the disordered action is early accompanied with very great and disabling pain.

What a blessing pain is, and what a pity the lighter shades of psychical pain and unrest are not sooner regarded and timely counsel taken?

We are not, all of us, wholly guiltless of this state of affairs, for do we not sometimes and too often when a patient comes to us with seemingly insignificant symptoms dismiss him with a placebo and tell him to come again when something definite has developed? For my part I plead guilty to having done so a good deal in the past, but without giving the patient needless alarm or doing or saying anything tending to develop hypochondriacism or abnormal self-introversion, I now counsel him to come promptly to ascertain the possible significance or insignificance of slight head symptoms, especially if the person be a man with large and pressing business demands upon him. I have grown wiser with enlarged experience and have ceased to counsel patients into unwarranted and unsafe security who present themselevs with certain symptoms the importance of which I formerly did not understand. I no longer tell them they are imaginary and of no consequence.

The psychical or mental symptoms of cerebral neuratrophia or brain exhaustion are too numerous to be discussed more than cursorily. To give them the space they are entitled to would lengthen this paper to the size of a book. But when the nutrition of a sentient motor or ideational brain cell or group of cells fails to furnish the pabulum of force demanded of it in ever so minute a degree, some change in the tonicity of its functionation takes place and we have the phenomena of nerve impairment clearly manifested, from the general tired feeling of general neurasthenia or the indisposition to accustomed exertion of cerebrasthenia, the simple and transient feelings of depression, to profound and settled melancholy from the indefinite morbid fear or dread of something undefinable in the patient's environments or destiny on to the well-defined delusion or erratic and delusional and unrestrainable impulse whish characterizes pronounced and universally recognized insanity.

Neuratrophia and debility of function go together. A starved nerve centre, in brain or cord or sympathetic ganglion, responds abnormally to the impressions of environment and gives false alarm and morbid function from within, without external excitation, and a nerve centre is starved, no matter how rich the blood which goes to it may be,if it fails to appropriate from this pabulum an adequate nutrition to sustain in full the demand made upon it. When disintegration exceeds waste in motor, sensory or ideational cell there is overtax and inadequate nutrient supply and a changed function, though it may be, and in the beginning always is, slight. For nature is kind, considerate and conservative and seldom permits the breakdown of a brain without timely warning in slightly disordered functionation, when reparation and repair are always possible.

Impending brain failure is seldom manifest on the psychical side (indeed I doubt if it ever is, if we scrutinize the patient's history closely in the light of an intimate knowledge for comparison, of the patient's previous and natural mental traits and habits, without some mental changes.

The bold business becomes timid and over-cautious or the discreet man becomes indiscreet and somewhat reckless in his business transactions without adequate appreciable cause.

Timidity and various morbid fears, the fear of being alone, of some impending calamity, to make accustomed journeys, a dread of company and crowds, of narrow places, of open places, of lightning, of cyclones, of misfortunes in business, of death in the family or of danger to self or property, overtakes the individual without reasonable external cause and do more or less influence his conduct. The mental perceptions of the individual are more or less morbidly colored, his conceptions are likewise more or less transformed into misconceptions. The conduct of those about him or her is misconstrued and misconceived. The patient feels weary and, mistaking the subjective for an objective, slightly or greatly misjudges the conduct or speech of those about him. The emotional nature is often unhinged. Tears come easily and without cause or with any inadequate cause. Irritability is increased to sound and ideational impression. The prattle and caresses of one's children excite irritable, instead of loving responses as they once did.These and every form of timidity, irresolution and irritability of manner and speach not natural to the person and not reasonably acquired through any rational experience in the previous history of the person are always symptoms of signal significance. With these evidences of irritability of the brain, this timidity, dread, fear and easily wounded feelings, come later on, illusion and hallucination and finally delusion and insanity. A peculiar irresoluteness of manner precedes or accompanies the morbid fears, which suggests and recalls the shrinking manner and hallucinated and delusional state, of more serious mental conditions, as they may be seen in our asylums for the insane.

Timidity unnatural to the individual, a shrinking from undertakings which in better states of brain tonicity would have been entered upon with reasonable confidence and courage, is a sign of more value than has been attributed to it. To our mind it is as important, though of less grave import, so far as the possibility of a favorable prognosis is concerned, than the opposite state of overweaning confidence and inordinate conceit of limitless power, not warranted in the natural character or environments of the individual. The symptom points to that hopeless malady, general paresis.

General paralysis of the insane appears to be in its earlier stages, a sort of stheno-trophia of the cortex cells, if the coinage be allowable, which is subsequently, by exhaustion of over-action and neuratrophia, the final complete and impossible exhaustion of paralytic dementia.

Cerebral neuratrophia is seldom disconnected from general neurasthenia in those of sedentary occupations, while the out-door and active man of business may be a physical athlete and cerebral asthenic, but conjoint debility of brain and body are usually found together in those organisms that break down under combined brain strain and indoor head work without out-door bodily exercise or recreation.

Unnatural timidity, irresolution and fear should always engage our attention, and the victims of them should have our advice, long before any particular organ of the system fails. If a patient's kidneys act in an unusual manner, or his genital apparatus does not work right, or if his bowels or lungs or liver act or feel wrong, he may consult a physician, but if his head gets disordered it must be persistently or painfully so, before the average person seeks to find out what is the matter and to have the trouble remedied.

The morbid fears of the brain debilitated as we have intimated are legion, from the panophobia, of Esquirol; the pathophobia or hypochondriasis, of the old writers; the toxophobia, of old alienists; the mysophobia of Hammond, the claustraphobia, of Ball; and its antipodalagoraphobia, of Maschede; the monophobia, panophobia, phobophobia, astraphobia, anthropophobia, and topophobia of Beard; the gynephobia, of Spitzka; the sideromophobia, of Rigler; the agoraphobia, of Westphal, with Rosenthal's synonym of Platzangst, and Benedikt's similar Platzschwindel; the syphilophobia; hydrophobia (dread of large bodies of water, a natural dread in horses); thanatophobia or necrophobia and necropalophobia (fear of death and grave yards) to that singular unnatural, and morbid fear, which naturally overcomes a naturally fearless man and causes him to evade familiar faces, though he has done nothing to make him ashamed, as I have witnessed in one of my patients.

This is debility of brain, what Beard called cerebrasthenia, and the fears, forebodings of imaginary evil and morbid unnatural dreads of possible adverse consequences of ordinary mental movements, are its characteristics. Associated with those are the timidity and irresolution or transitory or spasmodic decision which has taken the place of pre-

vious natural firmness of mind apparent in the mental conduct when the brain was healthy, and the mind was strong.

This is the most important fact for the general practitioner to consider, for the initial stage of unnatural timidity and irresolution which the family medical adviser may discover, if he is on the lookout for it, is the time when the possible impending calamity of mental aberration may be averted, by counseling a prompt suspension of business or flight to sea or mountain, from over mental strain and worry, of whatever kind it may be, that is exhausting the patient.

A recuperative therapy should be advised in rest, recreation and change of mental occupation and environment.

These morbid fears and the irresolution and timidity which underlie them, are but the shadows, if unarrested, cast before the graver coming events, in the accepted symptoms of insanity. Neuratrophia underlies almost all insanity.

The true diagnostic qualification is in the change in the invidual character in these respects.

The essential feature of cerebral neuratrophia to be especially noted and emphasized is the timidity, not natural to the person, out of which these morbid fears grow and which gives to the mental character that notable change in which irresolution replaces former decision and supplements even marked natural fearlessness with fearfulness and causes the once characteristically courageous man to display groundless dreads innumerable. Such fears may be common to others but they were unusual with the neuratrophic person in his best mental estate.

The change of mental character in cerebral neuratrophia is not the less real, though far removed from it in degree, than that which characterizes insanity. It is often accompanied with general functional neuratrophia, of which it is the cerebrally localized expression. The changed voice and walk and functional nerve inability or inertia, as well as the altered mental movements, reveal it.

Psychical timidity and indecision in a naturally courageous and decided character is as much a symptom of cerebral disorder as a changed hepatic secretion is of liver disease or as disordered movement of the bowels is indication of enteric derangement, and the true clinician will so regard them.

"Esquirol has thus painted some of the advanced neuratrophic neurasthenic denizens of Salpêtrière and Charenton—'Certain persons who suffer from panophobia are afraid at the approach of night and darkness' (Mal. Ment. p. 216). 'Lypemaniacs dread obscurity, solitude, insomnia, the terrors of sleep; fear, terror, jealousy and hallucinations keep them awake.' 'I once had in charge,' said he, 'a lady whom the slightest noise filled with terror, especially during the obscurity of night. The steps of a person walking lightly caused her to shudder, and the wind caused her to tremble. The noise which she herself made while in bed frightened her and obliged her to utter cries of terror. I enabled this panophobist to sleep at night by keeping a light in her chamber, and placing a woman with her who watched during the whole night' (Ib. p. 116)."

Vide author's paper on Psychical Signs of general functional Neuratrophia for further illustration of this subject in Alienist, Neurologist for April, 1884.

CLINICAL LECTURE.

Delivered at Bellevue Hospital, New York.

BY ALFRED L. LOOMIS, M. D.

Professor of Pathology and Practical Medicine New York University Medical College.

REPORTED FOR THE REVIEW.

This patient, gentlemen, has been sick since 1879. He first complained of a swelling on the left side of the small of the back. An exploration of this swelling revealed that there was blood contained within. There was no suppuration and finally this swelling disappeared of itself. Subsequently the patient suffered from bronchitis and asthma.

Physical examination shows a feeble respiratory murmur over the whole of the left side. Heart sounds are feeble, but there is no murmur. Abdomen neither retracted nor distended, but tympanitic. Liver is not enlarged. Spleen is not enlarged. There is no abdominal tumor present.

Patient suffers from a pain in the back which is so severe as to prevent him from following his work. This pain in the back came on suddenly. This pain in the back was preceded by a long history of abscess along the line of the spine above the point where he has his pain.

His expectoration is simple mucus, and there is no evidence at present of bronchitic trouble.

We must make a diagnosis here by exclusion.

Abdominal aneurism produces a constant steady pain which does not exist here.

Lumbago gives rise to pain in the back more or less severe, and there is always tenderness along the muscles. Icannot get tenderness here on pressure which excludes lumbago. Besides the patient gives no history of rheumatism.

The only history which we obtain is of a pulmonary character. He had had hemorrhages from the lungs which were unquestionably of a bronchial character and which were due probably to accidental causes. Now as soon as he gets a little bronchial catarrh, he has a tendency to hemorrhages from the mucous membrane. This history, however, has no more to do with his present condition than his spasmodic asthma. The patient is neurotic, as are all patients suffering from spasmodic asthma.

The pain from which he now suffers is situated in the sacro-iliac synchondrosis. This is the point of maximum intensity and it extends down the thigh along the distribution of the great sciatic nerve. This pain seems to be worse at night than by day. That is the rule of all neuralgic pains. The pain will shoot down the limbs more on the right side than on the left. Ten minims of Magendie every six hours has greatly relieved the pain. He has taken large doses of quinine without any avail. He has received iodide of potassium, but cannot retain it. The patient has had some paralysis of the bladder, which is probably due to the opium which he has taken. He also has a good deal of intestinal colic. Urine is normal. His general condition is worse than when he entered the hospital.

Now, gentlemen, this is not aneurism, lumbago or disease of the spinal cord, either meningitis or myelitis. We throw out disease of the vertebræ, for there is no change in the shape or size of the bones and no exostosis that we can detect. If this pain were not so intense as to demand relief, if it were only tenderness, I might believe that the trouble were a rheumatic affection at the sacro-iliac articulation, viz., an inflammation of the fibrous tissue and cartilages at this point. But such a pain, where it is constant, would never be so intense as to demand the relief which this patient seems to demand. If there is any change at this spot, if a tumor is developing along the line of pain, it would, of course, fully account for the character of the pain. The question to be decided here, it seems to me, is, whether there is a new growth involving the nerves and giving rise to pain or whether it is purely neuralgic. This is quite difficult to determine.

You will frequently see these cases which will resist all plans of treatment. You will put them upon anti-malarial treatment and they will get no relief. You will try them on an anti-rheumatic treatment without benefit. The patient seems also to get worse. Then in your discouragement you will give up all treatment and, to your astonishment, without any treatment, your patient's pain disappears and he gets up and walks off suddenly some day, without any pain. If you have happened to give a remedy just before this relief came, you will say, of course, that you cured this case by the use of that remedy.

How or why is it that these cases sometimes get well spontaneously and suddenly we do not know. I have seen it in sciatica and in conditions allied to sciatica. This patient has been treated by electricity for a considerable period of time without any relief. I was once called to such a case. On examination of the patient I made up my mind that it was a simple case of functional sacralgia with sciatica. I proposed to the man, believing that he had been treated enough, some Bethesda water which was used quite extensively at that time, which I thought would do him a great deal of good. He drank two quarts of Bethesda water. After three days the pain left him. He got up and never had any trouble since.

This man is getting something worse than neuralgic pains. He is acquiring the opium habit. These patients soon get to enjoy the effects of the hypodermic syringe. I cannot imagine a pain severe enough in an ordinary neuralgia that would tempt me to the use of a hypodermic. It is a terrible thing for a man to get accustomed to taking two grains of morphine for a month.

—Salt Baths in the Treatment of Fever.—Robinowitsch ("Wratsch."; "Dtsch. Med.-Ztg.") reports the results of treatment in the cases of sixteen patients, who received in all one hundred and forty-one baths. He says that not only did the addition of salt to the water cause a greater reduction of the temperature, but the pulse and respiration were improved, and the patients felt much stronger than was the case after the use of fresh water.—N. Y. Med. Jour.

—An Ointment for Sore Nipples.—Groussin ("Eclaireur pharm."; "Lyon méd.") recommends for application to sore nipples in nursing women ointment composed of equal parts of white sugar, oxide of zinc, gum arabic, and glycerin.—N. Y. Med. Jour.

LECTURE.

SANITARY IGNORANCE AMONG HIGH AND LOW.

BY ALBERT L. GIHON, A. M., M. D.

Medical Director United States Navy, President of the American Academy of Medicine, Ex-President of the American Public Health Association.

Delivered under the auspices of "The Committee on Hygiene and the Relations of the Profession to the Public" of the Philadelphia County Medical Society, in the Hall of the Society, April 18, 1885. Taken from the Medical and Surgical Reporter.

[CONTINUED.]

I said some time ago, perhaps you already think a very long time go, that the neglect of this body which is entrusted to our care was chiefly shown in our neglect to properly nurture it, and I have been insisting that a most important part of its nourishment is the oxygen which the atmosphere supplies; but air alone would be meager diet for even the most spiritual of earthly shapes. That may be prime minister, but the butcher, the baker, the grocer and the milkman are very important members of the kitchen cabinet; and upon the plentiful supplies they severally provide will our physical welfare greatly depend. It was a grievous sanitary mistake which announced as a precept that one should leave the table with hunger unappeased. Apart from the actual torture of such a thrice daily practice of self-denial, it is to be denounced on sound hygienic grounds. The human laboratory prepares some twenty-five or more pounds of products of secreting organs every day, a very large proportion of which is gastric juice. Reflect what an amount of solvent is here waiting for material to be dissolved. No wonder the stomach is a ravenous cormorant, only to be quieted by being fed. There is really little danger that more than is required to supply the actual waste, which amounts, in solid, liquid and gaseous matters, to at least six pounds a day, will be assimilated. The rest will be rejected. Huxley's tables fix the normal weight of a full-grown man at 154 pounds, of which 68 pounds are flesh, 24 pounds bone, 28 pounds fat, 10 pounds skin, 3 pounds brain, 3 pounds heart and lungs, 11 pounds abdominal organs, and 7 pounds blood, to maintain which he requires a minimum per diem supply of 5,000 grains of beef, 6,000 of bread, 7,000 of milk, 3,000 of potatoes, 600 of butter, and 22,900 of water—a total of about six pounds, corresponding to his daily waste. It is futile, however, to attempt to measure in precise numbers the quantities of carbon, oxygen, hydrogen and nitrogen—of albuminous, saccharine and oleaginous food each man, woman and child absolutely requires. Idiosyncrasy, temperament, age, bodily condition, emotional influences, employment, climate, weather, raise and lower the scale in rapid, incessant fluctuation beyond the possibility of human calculation. It is better to err on the side of surfeit than that of deprivation. How many children are sent to bed gnawed by hunger, because their over-wise parents have denied them the piece of bread or the bowl of milk they craved, and should have had. The house-dog and kitchen-cat sleep contentedly with well-filled stomachs, while the poor starvling tossesin its perhaps luxurious couch, crying, if not cowed by punishment, in obedience to nature's imperious demands. I do not doubt that many a dutiful child often practices unnoticed an heroic resignation that is Spartan in its severity, when it quietly acquiesces in its mother's declaration that it has had enough, or its finical father portions out just what he thinks it ought to eat. It was once the barbarous custom to deny the drop of water to the parched lips and cracked tongue of the fever patient. Even to-day, the child who has romped till fluid streams from every pore, and its blood is all athirst, is told it must not drink lest it be made sick. Beside the unwise precaution that it is harmful, sur-indulgence becomes venial if the food be good, the water clean, and the air pure. The beasts of the field browse at will, and the flowers drink in the dew which falls upon them without stint, but the human creature uses his reason to run counter to his natural animal instincts. The rich, effeminated by luxury, with stomachs as feeble as their limbs, seek to invigorate them by drugs, when good blood is the tonic they require. The poor spend their scanty incomes for dress and sham display, and stint themselves in food. There is no sadder sight than the gaunt, wan faces of the underfed women and children one encounters daily in the streets of a great city. To a physician, especially, their meagre, starved bodies are mute appeals to his sympathy. They come to him for relief for aches and ailments that are only symptoms of inanition. Medicines cannot give them the bright red blood, the fat and muscle that are needed to round their limbs, fill up the hollows of their faces, and smooth out their wrinkled skins. Food is the one prescription that will make them

well again. Bread and butter and meat are workers of wonders that iron, quinine and even opium never can perform. There are crumbs enough swept from Christian tables to feed the multitude, and it were well if the Moslem's reproof, when he picked up the discarded crust—"Friend, that would have made a poor man's meal"—were oftener heeded. A pittance of unwholesome viands, bought because cheap, serves to dull the appetite, and the jaded bodies, which must work, are stimulated by insipid teas. Even the fragile flowers of fashion, who fancy that their morning inappetence is the evidence of finer organization than the peasant's ravenous greed for sustenance, might learn from the latter that the robust health which needs no tinting comes from a sound digestion. The man or woman silly enough to boast that they cannot eat an early meal, and affect to breakfast at one o'clock, should know that they are already sick, and are in so far inferior to other men and women.

Across the border in Montreal and Quebec there is a race of women healthful, vivacious, vigorous, whose cheeks wear such a pronounced red that would here subject them to suspicion. Their superabundant health and spirits, their firm round limbs, which never lag nor stagger, their full chests, which never gasp for breath, are due first to their active out-door lives, and secondly to the keen zest for food which the pure air they breathe gives them. The injunction to eat, drink and be merry, no more palliates gluttony and intemperance, than are these sins against common sense arguments for affected squeamishness or total abstinence. The infant in arms finds its limit in the running over of the measure of its solitary article of diet; the most voracious child seldom gorges but once with too much sweets; and the healthy appetite unerringly indicates to the reasoning individual when he has well dined. Our higher civilization has no reason to be proud of the development of the modern American hotel-table and its daily parade of a multitude of little plates of soup, fish, flesh, fowl, canned vegetables, puddings, pies, ice-cream, nuts, fruit, and what not else—nor in the elaborate menu of a fashionable dinner with a dozen or more courses and eight or nine wines, intended to show how much money the host is able to throw away. The piled-up trays of what even the most omnivorous has to refuse carried away by the hotel waiters not only suggest the pot-pourri which has been extemporized in the stomach, but have a sanitary bearing apart from their relation to the question of the economics of food. The swill-pail of an ordinary household and the huge garbage-tubs of large establishments are not only reproachful evidences of waste, but add to the difficulties and expense of civic sanitation. The densely-populated communities of the eastern hemisphere not only utilize everything that is edible, but pay back the excremental refuse to the soil, that it may aid to germinate new food to make men live. We hide it from sight only that it may germinate the filth diseases that make men die.

But we may have only pure air to breathe and good food to eat, and still one other thing is needed to insure that sound health which leads to success in any pursuit, to the enjoyment of happiness, the capacity for pleasure, the attainment of long life, and its consummation in contented old age. This human mechanism must not be idle. When Simon Cameron was asked to what he attributed his remarkable vigor, he said: "The secret of life is to keep moving. Men grow old only when they sit down long enough to get rusty." Salutary exercise does not consist in mere forced distasteful muscular activity, as where a daily task of walking over so many miles of street or swinging an Indian club so many times around one's head every morning, is self-inflicted and submitted to with grim fortitude. The mental discomfiture is quite sufficient to antagonize any other gain. It is the rational temperate activity of every organ which is beneficial, giving them all—limbs, brains and senses—that healthful play which is necessary for their proper nutriment and development, and which enables them to perform their functions in the best possible manner. To walk till the legs ache becomes fatigue, which is exhaustion. To pull in a race-boat may give one brawny arms, but swollen muscles do not make the man. Sur-excitation of any part is as harmful as its prolonged inactivity. My own experience of the athletæ of the Naval Academy is that they succumbed sooner than others, especially on ceasing their gymnastic routine. The violent exercise of the ball-room is extremely pernicious, being performed in a vitiated atmosphere, when an essential of all vigorous muscular activity is that it should be undertaken in the open air, the effect of dancing being to increase the ordinary vitiation of the air at least one-third. It needs no sanitary critic's eye to read in the faces of the jaded women in an ordinary ball-room after midnight, the inevitable signs of the unnatural excitement of physical intemperance, akin to the delirium of drink. The flushed faces or the pallor of those with weakened

hearts, are as tell-tale of wrong-doing as the red eyes and bloated visage of the toper. If the one degrades and disfigures manhood, the other as effectually mars the woman. The panting, perspiring, bedraggled objects which one sees in the small hours of the morning, with pupils dilated and dark rims around their eyes, showing their exhaustion, forced to effort by beef-tea or punch, or that latent evolution of the scent-bottle into a huge porte-génièvre—these are not visions of loveliness, nor are their rumpled companions of the other sex models of manhood. Unfortunately we do not see ourselves as others see us, and consequently what I say will probably not deter a single pretty woman who listens to me from dimming the brightness of her own eyes and the ruddy tints of her own complexion in the same vile atmosphere. We may picture the skeleton figure of death hovering unseen over the fair and fragile dancer, but the waltz will still go on to the monotonous grinding of the music and the vibrating cadence of the very floors and walls.

But what better are you, fathers and mothers? Do you pay any greater heed to the admonitions of your sanitary teachers than these giddy girls and boys, who fancy they are enjoying pleasure in wearing out their capacity for pleasure? Do you ever give an earnest thought to the prevention of disease? Do you not wait until some sharp twinge of pain, some qualm of nausea, scares you, or the changed aspect of the loved face alarms you, and then with abounding faith, do you not rush to your pellets and dilutions, if you be good homœpaths, or to your family physician, or possibly, if you dread his fee, to the corner apothecary, who will give you his advice gratis, though he charges you twenty-five cents an ounce for aqua pura? How many men and women are there in this community boasting as large a proportion of educated, cultured and eminent members as any other in the world, how many of these intelligent citizens look upon the physician as the pilot to guide them over treacherous shoals? Are they not already stranded and wrecked when they appeal to him for aid? Is medicine to them the science which unfolds the mysteries of human existence and the laws which govern it, or only an art by which their broken bones and battered and worn out organs may be tinkered into soundness, and "their sweet bells, jangled out of tune," made to play again in harmony. Undoubtedly a sense of gratitude sometimes invests the medical man, whose offices have snatched a loved life from death, with exaggerated attributes; but more often he is only summoned in the same spirit as some other tradesman, whose services are required to mend a leaking pipe or broken drain. Ignorance of the sanitary relations and functions of the practitioner of medicine, as the most important and responsible offices of his profession, can be charged against nine-tenths of every community. In the estimation of both high and low, he is only a medicine-man; and though it is a simple matter of arithmetic to prove that the ounce of prevention costs less than the pound of cure, yet to-day, as it was yesterday, and will be to-morrow, health boards and health officials vainly appeal for the dollars, be they few or many, required to equip them with the necessary means for stamping out the first spark of disease. When the fire blazes, which ought never to have been lighted, they are lavish enough with the means of which till then they were so niggard; and are loud in their praise of the clattering engines and noisy patrol. Even the conflagration commands their admiration. I had occasion, as President of the American Public Health Association at St. Louis, last October, to present some statistices in illustration of the arithmetic of sanitary foresight, but my time nor your patience will not permit me to repeat them. It is worth your while, however, to look in your city ledgers upon these accounts, where on the one side is entered in paltry hundreds the money appropriated for health protection, and on the other a colossal balance of loss written in millions. Suffice it to say that the small-pox epidemic of Philadelphia of 1870–72 cost that city nearly twenty-five million dollars, which might have been saved, says Dr. Benjamin Lee, by "an additional expenditure by the city authorities of about twenty thousand dollars for purposes of prevention, made sufficiently in advance and with such publicity as to make the public fully aware of the impending danger." Small-pox invaded seventy-seven of the one hundred and two counties of the State of Illinois during its epidemic prevalence (1880–82), causing nearly three thousand deaths, and involving a cost of nearly four and a half million dollars, exclusive of the value of lives lost and disabled. "Within twenty days," says Dr. Rauch, "after the various agencies set in operation by the board had fairly begun to act, there was a decline of nearly fifty per cent in the number of cases, implying a saving of two and three-quarter million dollars." Sir James Paget estimates the loss in England and Wales every year in consequence of sickness at twenty million weeks' work, that is as much work as twenty million healthy people

wonld have done in one week; which is one fortieth of the entire work done in a yea by the whole population between fifteen an sixty-five years old.

[TO BE CONCLUDED.]

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

REPORTED FOR THE REVIEW.

Stated Meeting, held Saturday, June 13, 1885. The President, Dr. Atwood, in the Chair.

KNOT IN UMBILICAL CORD.—SPECIMEN.

DR. LAIDLEY was called to see Mrs. W., aged 26, in her second confinement, a week since. During her pregnancy, which was her second, she complained of the violent movements of the child. The labor, however, was normal. The cord measured twenty inches in length and contained a single knot at a distance of about eight inches from the child. Dr. Laidley inquired of a number of obstetricians, concerning the case, and none had ever seen such a case. Leishman mentions the subject, but states that such knots are found when the cord is long and there is a large quantity of amniotic fluid. Experience has shown that such a condition is not a dangerous one. The specimen presented, demonstrated that a knot may occur in an umbilical cord of normal length, and the amount of fluid in the amnion did not exceed the usual quantity.

DR. A. GREEN had met with a similar case and was under the impression that he had had another.

DR. DICKINSON had a similar case thirty years ago. The cord was very long, nor did anything peculiar occur during pregnancy or labor.

CASE OF LABOR.

DR. A. GREEN was called to a case of labor in a primipara four weeks ago. Some neighbors were present and urged her to press down. This he stopped and found the perineum very deep, and the parts not relaxed, the child's head pressing down. It would have ruptured not only the perineum but the rectum also. He did not rely upon supporting the perineum, but lifted up the head of the child in part and obstructed its further descent. The labor was concluded satisfactorily.

ANEMIA OF OPTIC NERVES.

DR. WILLIAMS stated that last summer a gentleman had what he called a "slight sunstroke." His vision was impaired, being about one half the normal. Upon examination the only thing observable was a slight whiteness of the optic nerve, not well marked, but still more than it should be. One of the interesting things in connection with the case was that he could see better by artificial light than by sunlight. The diagnosis made was an imperfect action of the optic nerves dependent upon some unknown condition of the brain which was caused by the sunstroke. The patient was placed upon strychnia and quinia, and now his vision is about normal. The optic nerves have regained their red hue, the headache he had has disappeared and his sleep has improved. He feels quite comfortable.

DR. BREMER inquired why quinia and strychnia had been given.

DR. WILLIAMS replied, because quinia is a nerve tonic and strychnia increases the amount of blood in the optic nerves. The condition was not nyctalopia.

MEMBRANOUS CROUP.—SPECIMEN.

DR. PREWITT presented a piece of membrane taken from a child's throat a few days ago. The child had symptoms of croup for a week, was apparently getting well when suddenly it had a relapse. Respiration became extremely difficult and the piece of membrane could be heard flapping in the throat. Emetics proving of no avail, tracheotomy was performed. After opening the trachea, the child struggled and the membrane was thrown out. Ten days later the tube was removed and the child, four years of age, got well. Dr. Prewitt regarded this as croup, because the child was sick a week and had no symptoms of blood-poisoning; the obstruction came on suddenly, and the membrane came off as if peeled. In diphtheria the membrane seems to be the result of a necrotic process and the breath is offensive, a condition not usually found in membranous croup.

DR. LAIDLEY operated on a case of diphtheria which recovered, and also in another case with success. He regarded these results as an important argument in favor of tracheotomy. One of the strongest evidences of one of the cases not being croupous was that a younger sister with a chronic eczema of the scalp was taken violently sick, vomiting, etc., showing an absorption of the poison through the scalp.

DIPHTHERIA OF THE EYES.

DR. ALT was the observer of two cases of this trouble in two children aged respectively two and a half and five years. They first had scarlatina; the one had measles and soon

after the other contracted diphtheria. Both had it, in fact. After several days they complained of their eyes and undoubted diphtheria of the lids, of both eyes in one and of one eye in the other, was observed. The mucous membrane was invaded and sloughed, and the corneæ were affected. The main question was to save the one eye and relieve the pain. Cocaine was given for this latter purpose. Both children lived, but one is blind and the other has but one eye left. In the case where both eyes were destroyed the difference between croup and diphtheria was well illustrated. When the diphtheritic membrane was thrown off the granulations were so profuse that they protruded beyond the lids. The speaker stated that he had seen a number of cases of diphtheria of the lids only; but the present were interesting on account of the throat and eyes being affected in both children.

Dr. Dickinson reported a case of diphtheria of the lids followed by the affection in the mouth in a man of 35. The treatment was mainly antiseptic and the cornea was not involved.

Dr. Alt had never seen a case where the cornea escaped, and regarded this as extremely rare and probably due to the fact that the case was an extraordinarily light one.

Dr. Dickinson stated that he had made several attempts to remove the membrane, but without success. The lid itself did not seem to be deeply involved, and the other curious point was that it preceded the appearance of the disease in the mouth and throat.

Diphtheria.

Dr. Wise last winter saw a child with a high fever and a suspicious exudation upon the tonsils. He cautioned the parents in regard to its possibly being diphtheria. In forty-eight hours the child was well. About three months later he was called to see the child, which was in the same condition. He made light of it, but it proved to be a case of true diphtheria. The exudate appeared upon the tonsils, palate, pharynx and even upon a portion of the posterior nares. The case eventually recovered and now there is paralysis of the soft palate.

Dr. Hurt thought that croup was so called on account of the peculiar sound produced, and that whatever affection of the trachea produced the sound would be called croup, and that there existed different varieties of croup.

Dr. Alt said that any one seeing cases of croup and of diphtheria of the conjunctiva would not doubt that they were different diseases. In croup the membrane is easily removed and leaves the mucous membrane intact. In diphtheria the membrane extends deep into the tissues—almost through—and the lids are hard. When it separates an ulcer is left. Undoubtedly the anatamo-pathological difference is that the croupous membrane is formed by an exudation upon the epithelial layer and the diphtheritic by one into this layer and in the submucous tissues.

Dr. Dean thought that all infectious diseases were parasitic, many of them having a bacterial origin.

Dr. A. Green remarked that all cases of diphtheria or of croup were not alike, although the same specific poison acts in them, respectively. He illustrated the different degrees of infection exhibited by different individuals when under the influence of said cause, by referring to the different effects observed as following dissection wounds. We are prone to pronounce as diphtheria all cases where there is a dirty, white exudation upon the fauces. Rindfleisch says that where there is no loss of substance there is no diphtheria. But there are many cases where we can see no loss of substance and yet the same cause produced the disease, as where this loss is observed. We see patients with croup who seem hardly sick and in one or two days the process extends to the bronchial tubes; in others it seems almost entirely local. In the former tracheotomy will prove useless. The speaker then illustrated his remarks by the recital of two cases, one of which, a young lady of 18, recovered, and the other, a child, fell into collapse and died before help could be tendered.

CHICAGO MEDICAL SOCIETY.

REPORTED OFFICIALLY FOR THE REVIEW.

Stated Meeting, June 15, 1885. The President, C. T. Parkes, M. D., in the Chair.

A Successful Case of Nephrectomy.

Dr. R. G. Boyne reported an important case of nephrectomy. The patient was a woman aged 36, single, who had suffered from several attacks of acute rheumatism with cardiac complications and also for nearly one year with a pus discharging sore on one arm. About six years ago while doing laundry work she severely strained her back, and this was follwed by frequent and painful urination, the urine containing pus, blood and mucus. The pain in the back

increased during menstruation. These symptoms continued until 1882 when a swelling, accompanied by pain and soreness, appeared in the right lumbar region. This swelling was finally opened and gave exit to a large quantity of pus, and remaining open continued to discharge pus until the time of the operation, pus, blood and mucus at the same time appearing in the urine, which was voided with difficulty. At one time there was so much clotted blood in the bladder that it was only dislodged by breaking up the clot with a catheter and washing out the bladder. Later there was almost a closure of the opening into the lumbar abscess, and a fluctuating tumor appeared near the old one; this was opened and gave exit to a quantity of fetid pus. From May 13 to August 27, 1884, there was a free discharge of pus through the lumbar openings and the bladder. At no time was there a urinous odor to the discharge from the loin. Whenever the discharge from the loin was greater pus appeared in less quantity in the urine and vice versa.

Believing that there was an abscess of the right kidney, on August 27, 1884, Dr. Bogne made an exploratory operation by making an opening into the loin along the course of and just below the twelfth rib, including in its track the sinus. He came upon a dark fluctuating mass which upon puncture discharged a quantity of pus, and on further examination was found to be the capsule of the kidney, divided into compartments and distended with pus. The sac was adherent to the surrounding tissues and upon separation bled freely. The adhesions were quickly broken up and a stout ligature placed around the attachment or peduncle which was the ureter and renal blood vessels. This was done by the aid of a large bent probe armed with silk. This ligature completely arrested the hemorrhages. Near this ligature the peduncle was transfixed by a double thread of strong silk and tied in two parts; the mass was cut away with ligatures left long and these with a drainage-tube served to drain the cavity which was cleansed with a carbolated solution and the wound dressed with oiled silk, gauze and oakum. The patient convalesced rapidly with the exception of an attack of rheumatism and one rather free discharge of blood from the bladder which followed traction on the ligatures. The ligatures did not separate until December 7. But little pus came with the urine after the operation. There is yet a small fistulous opening in the track of the wound. The patient is now comparatively well. The mass removed was a distended kidney capsule with calices so distended that there was obliteration of the kidney tissue except at one point where there was enough to identify the structure.

Dr. C. T. Parkes remarked that an interesting point in the report is where it is described how hemorrhage was arrested; the greatest danger in this operation is from hemorrhage. Czerny had a case in which the hemorrhage was so severe that he ligated the aorta. Operations on the kidney are becoming quite frequent. In an interesting paper Dr. Gross gives his observations of over 200 cases, and limits the cases in which an operation is suitable. Dr. Parkes said that he wished to call the attention of the society to the fact that there is sometimes an anomalous distribution of the arteries to the kidneys. He had met two cases in which the arteries entered the kidney at the lower end instead of the hilus, and this should be remembered in cases of nephrectomy and especially nephrolithotomy. Sometimes the renal artery enters the kidney by two branches.

In answer to several questions by members of the society, Dr. Boyne replied that no vertical incision was necessary; that the diagnosis was positive only after the operation which was an exploratory one; that the ureter and renal bloodvessels were ligated in mass; that in a supposed case where there was a well-defined movable tumor in the abdomen, accompanied by pain, pus in the urine, with difficult urination which was relieved by washing out the bladder, there was a reasonable probability it was a suppurating kidney and he would advise an operation.

The Continuous Curve Forceps.

Dr. E. W. Sawyer read an interesting and exhaustive paper on the continued pelvic curve in the obstetric forceps, with remarks on forceps in general. He defined the perfect obstetrical forceps to be an instrument with which it is practically impossible to injure the mother or fetus when skilfully used. In order that the forceps may be such an harmless extractor, after many years of observation and experience, he had arrived at the following conclusions: First, that there should be a space of three and one-fourth inches between the compressing surfaces of the blades, when the inner surfaces of the handles are in contact. Any less space will fatally compress the fetal head. The long diameter of the ellipse bounded by the conjoined grasping curves of the blades should be five and one-half inches, the distal opening of this ellipse, corresponding to the separation between the tips of the blades, may be three-fourths of an inch; five and one-half

inches from the blade tips the opening should be two and one-half inches. If these measurements are less, severe injury may result to the fetus. Second, in selecting an instrument a straight-edged ruler should be placed at right angles to the long diameter of the blade to determine if the outer edge of the blade and the border of the fenestræ are on the same plane; if not such an instrument invariably injures the fetal scalp. Third, the loose mortise joint lock, allowing a backward and forward motion of the handles and thus enabling the obstetrician to properly adjust the forceps to the fetal head is the only safe, simple and easily operated lock. Fourth, in compressing the fetal head the closest imitation of nature is safest to follow, hence a moment of compression during a pain should be followed by loosening the grasp of the head, which cannot be done with those instruments which admit of the handles being fixed together. Fifth, the length of the handles should be such as to allow the operator to reserve his forces for difficult traction. The rounded space just in front of the lock admitting of the introduction of a finger, is of special value as a point of traction when a great degree of compression is not demanded. Sixth, the blades of the instrument should be of the best steel, at least one-fourth of an inch, square at shanks and gradually thinned to about three thirty-seconds of an inch at the tips. Slighter material is so yielding as to permit the blades to be pulled off the head. Seventh, if an index be fixed to the fetal head, as for example the handles of a forceps, in such a manner as to follow the direction given to the head by the unaided efforts of nature, an irregularly curved line would be described forward and upward which would have its termination, at the moment of the escape of the head, at a point near the umbilicus of the woman. This curved line should be the guiding line to the attendant who attempts to reinforce the expulsive force of the uterus with the forceps. Dr. Sawyer then exhibited a forceps of his own invention in which the pelvic curve is extended to the ends of the handles, to guide the operator in producing traction in the direction of the curved line above mentioned. He claimed that in those cases where the occiput, or sinciput, presents posterior, and it is decided to deliver in this position, this curve will allow the operator to grasp the head with the forceps well forward over the ears without its slipping over the occipital poles.

In answer to several objections as to the feasibility of securing a perfect forceps, Dr. Sawyer stated that he did not claim his forceps to be perfect, but that he had copied the best features of other forceps, and thinks he has an instrument which will do less injury to the mother or child than any forceps with which he is acquainted. He believes it to be absolutely safe for the child, and was not intending to speak of the indications for using forceps, or the manner of their use, but endeavored to incorporate in his paper some points about forceps in general which he had never read or heard taught, and hoped they would be useful to all who wished to approximate as nearly as possible the ideal forceps.

CORRESPONDENCE.

NEW YORK LETTER.

New York, June 20, 1885.

Editor Review: At the recent meeting of the American Neurological Society held in this city, Dr. Burt G. Wilder in his presidential address urged the adoption of a new system of nomenclature for universal use, this being necessary in many respects to simplify and restrict the coinage of so many new terms.

The attendance this year of outside members has been very small, which is probably due to the strife manifested in their last meetings.

The New York Infant Asylum has been subjected to a thorough examination by the State Board of Charities, which has resulted in the disclosure of facts rather derogative to the management of the institution. The object of this Asylum was to provide a home for helpless mothers with their children under two years of age. It was furthermore intended, that in addition to the provisions of an ordinary public charitable institution, the inmates of this Asylum should receive such moral instruction and influence as would tend to elevate and protect them from the moral degradation to which they are exposed. Recognizing the merits of such an institution the city gave 38 cents per day for every child and $18 per month to every needy mother.

Investigation has shown that, whereas in public institutions the annual cost of caring for a mother and its babe is $110, the cost here has been $325, an excess of expense which should have been rewarded by better moral instruction, whereas in reality the care of the inmates was often given over to persons taken from its wards. The surplus funds instead of being placed in a bank have been kept in the firm of the managing President. Not a little stir was made over the fact that a former house physician allowed a

case of measles to remain in the wards, which was followed by a serious epidemic.

It is certainly fortunate that in this great Gotham there are many wealthy individuals who earnestly seek proper places (which are often our hospitals) in which to most effectually bestow their wealth for benevolent purposes, yet it is equally unfortunate that always accompanying these gifts there are a lot of parasitic mongers who thrive upon and for their own selfish ends pervert the original intentions of the institution.

At present sanitary matters more than any other subject are occupying the attention of the public and the profession.

The Children's Aid Society have been doing good work by establishing a Sanitarium at Coney Island for the sick children of the poor. A large sanitarium of a similar kind has been for a long time patronized at Staten Island. Tickets of admission to such excursions are left with the various children's classes in our dispensaries and serve a most valuable addition to the attending physician's therapeutics. On the arrival of these little patients at their destination they are at once placed under the direction of a physician who constantly remains in attendance. The rapidity with which those patients affected with diarrheal diseases recover is reallv remarkable, the favorable hygienic surroundings evidently determining the course of the disease.

The Superintendent of the Wards' Island Insane Asylum has not been a little incensed and agitated by the Commissionersof Emigration who have quarantined about 2,000 immigrants, who have been exposed to the small-pox, in too close proximity to his institution. There are now 150 cases of measles taken from among the immigrants of one vessel.

The importers of rags have been greatly disturbed owing to the compulsory disinfection to which their goods are subjected ,and this without any actual condemnation of the rags by the Health Officer of the port. The importers are particularly incensed because they think themselves the victims of an incorporated ring called the New York Paper Stock Disinfecting Company. They believe, and perhaps with good reason, that the great stir made in regard to the necessity of disinfecting rags owes its origin to persons interested in the financial prosperity of this company, which receives $5 per ton for its work. It is quite difficult to find an authoritative case in which the cholera has been conveyed in rags.

Dr. Englehardt has been appointed by the State as official chemist to examine beer and distilled liquors as to their purity. J. W.

ITEMS.

—Spurious cubebs have recently been offered in the London market: They consist of the fruit of Daphnidium cubeba, which closely resembles cubebs in general appearance.

—Our readers will be delighted to learn that Dr. Legare Wistchnnewettzky, of Taganrok, Russia, is to add his sesquipedalian name to the long list of resident physicians in New York City. We should advise Dr. Wist-and-so-forth to signalize his arrival by an application to the legislature for an abbreviation of his patronymic. Such a name might do to practice with in Russia, where telephones are scarce, but it will make confusion worse confounded in New York.—Medical Age.

—A Hospital in the Adirondacks.—A correspondent of the Boston Medical and Surgical Journal writes that there has been established a sanitarium at Saranac village in the Adirondacks. It is intended for the poorer class of consumptives, and the sum of three dollars a week is charged for board. The remaining expense is to be made by contributions from charitable people.

—A sanitary convention under the auspices of the Michigan State Board of Health takes place at Ypsilanti, Mich., on June 30, and July 1, 1885.

—An American and an Englishman were once having a heated discussion as to the relative size of the Thames and the Mississippi.The American finally clinched the argument thus: "Look here, mister, why there ain't enough water in the whole of the Thames to make a gargle for the mouth of the Mississippi."

—A tradesman having bought a door-mat with the word salve (welcome) in the centre, a country relative on seeing the mat remarked: "I say, Cousin John, what kind of salve is that you advertise on your door-mat."

—Sulphate of Quinine and Potassium Iodide Incompatible.—Rabuteau ("Union Pharm.;" "Gazz. Degli Ospit.") states that the simultaneous administration of these two drugs is fraught with unpleasant consequences, anorexia and general nervousness being often occasioned. He thinks that a chemical reaction takes place in the stomach, through the medium of the gastric juice, free iodine being the result. He states that if this occurs during menstruation the consequence may be fatal.—N. Y. Med. Jour.

—A prominent physician in a neighboring city received the following note from a lady a few days since: "Dear Doctor: Please come to see my brother at once, and bring your urethra with you. Respectfully, Mrs. ———." The doctor answered the call, and carried a catheter.—Atlanta Medical and Surgical Journal.

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